

**AGENDA**  
**EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)**  
**REGULAR MEETING**  
**THURSDAY – August 13<sup>th</sup>, 2020**  
**4:00 P.M.**

**Location:** [Join Microsoft Teams Meeting](#)

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_MjdjNTM4MDMtNGJlMC00OTI5LWE3OWEtNWMwYTI5YTZjNjFh%40thread.v2/0?context=%7b%22Tid%22%3a%22e0f2e4b5-0515-4028-99f2-2e7a43fe5379%22%2c%22Oid%22%3a%2269ff2d1f-5a50-42d5-bafd-40fe97d00922%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjdjNTM4MDMtNGJlMC00OTI5LWE3OWEtNWMwYTI5YTZjNjFh%40thread.v2/0?context=%7b%22Tid%22%3a%22e0f2e4b5-0515-4028-99f2-2e7a43fe5379%22%2c%22Oid%22%3a%2269ff2d1f-5a50-42d5-bafd-40fe97d00922%22%7d)

[+1 831-296-3421](tel:+18312963421) United States, Salinas (Toll)  
Conference ID: 403 228 439#

**I. Call to Order**

**II. Flag Salute**

**III. Roll Call**

**IV. Consent Agenda (CA):** Consideration of the consent agenda.

All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

**V. (CA) Approval of Minutes:** EMCAB Meeting February 13th, 2020– [approve](#)

**VI. Subcommittee Reports:**

**VII. Public Comments:**

This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

**VIII. Public Requests:**

**IX. Unfinished Business:**

APOT Report to the Board

**X. New Business:**

- a) (CA) Maddy Fund Quarterly Report – receive and file
- b) (CA) Annual EOA Reports for 2019 – receive and file
- c) (CA) Annual EMS Systems Report for 2019 – receive and file
- d) (CA) Quarterly Compliance Report – receive and file
- e) (CA) ePCR Policy Update - Approve
- f) (CA) ePCR Quality Improvement Grading System - Approve
- g) (CA) Pediatric Receiving Center Designation Policy - Approve
- h) Request for Hearing

**XI. Manager's Report:** - Receive and File

**XII. Miscellaneous Documents for Information:**

**XIII. Board Member Announcements or Reports:**

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.] )

**XIV. Announcements:**

- A. Next regularly scheduled meeting: Thursday, November 12th, 2020, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, October 29th, 2020, 5:00 p.m., to the Kern County EMS Program Manager.

**XV. Adjournment**

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

**EMERGENCY MEDICAL CARE ADVISORY BOARD  
Membership Roster**

<b><i>Name and Address</i></b>	<b><i>Representing</i></b>
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670	Board of Supervisors
<u>Alternate</u> Mick Gleason, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3651	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Vacant	
Stephen Shoemaker, Deputy Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308 (661) 391-7000	Fire Chief's Association
<u>Alternate</u> Trevor Martinusen, Deputy Chief Bakersfield Fire Department 2101 H St. Bakersfield, CA 93301 (661) 326-3911	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> John Sizemore 10709 Lindalee Ln., Bakersfield, CA 93312 (661) 623-3452	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer

Alternate  
Vacant

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Orchel Krier  
Mayor Pro Tem, City of Taft  
209 E. Kern Street  
Taft, CA 93268  
661-763-1222

City Selection Committee

Alternate  
Cathy Prout  
Councilmember, City of Shafter  
435 Maple Street  
Shafter, CA 93263  
(661) 746-6409

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Vacant

Kern Mayors and City Managers Group

Alternate  
Greg Garrett  
City of Tehachapi  
115 S. Robinson Street  
Tehachapi, CA 93561

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Earl Canson, M.D.  
1400 Easton Drive Ste. 139B  
Bakersfield, CA 93309

Kern County Medical Society

Alternate  
Nadeem Goraya, M.D.  
1400 Easton Drive Ste. 139B  
Bakersfield, CA 93309

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Bruce Peters, Chief Executive Officer  
Mercy and Mercy Southwest Hospitals  
2215 Truxtun Avenue  
P.O. Box 119  
Bakersfield, CA 93302  
(661) 632-5000

Kern County Hospital Administrators

Alternate  
Jared Leavitt, Chief Operating Officer  
Kern Medical  
1700 Mount Vernon Avenue  
Bakersfield, CA 93306  
(661) 326-2000

**Name and Address**

**Representing**

John Surface  
Hall Ambulance Inc.  
1001 21<sup>st</sup> Street  
Bakersfield, CA 93301  
(661) 322-8741

Kern County Ambulance Association

**Alternate**

Aaron Moses  
Delano Ambulance Service  
P.O. Box 280  
Delano, CA 93216  
(661) 725-3499

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Kristopher Lyon, M.D.  
1800 Mount Vernon Avenue, 2<sup>nd</sup> floor  
Bakersfield, CA 93306  
(661) 321-3000

EMS Medical Director

**Support Staff**

Jeff Fariss, EMS Program Manager  
1800 Mount Vernon Avenue, 2<sup>nd</sup> floor  
Bakersfield, CA 93306  
(661) 321-3000

EMS Division

Gurujodha Khalsa, Chief Deputy  
1115 Truxtun Avenue, 4<sup>th</sup> Floor  
Bakersfield, CA 93301  
(661) 868-3800

County Counsel

Alex Alva  
1115 Truxtun Avenue, 5<sup>th</sup> Floor  
Bakersfield, CA 93301  
(661) 868-3164

County Administrative Office

## V. Approval of Minutes

**MINUTES**  
**EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)**  
**REGULAR MEETING**  
**THURSDAY – February 13, 2020**  
**4:00 P.M.**

**Location: Kern County Public Health Services Department**  
**San Joaquin Room – 1<sup>st</sup> Floor**  
**1800 Mount Vernon Avenue - Bakersfield, California 93306**  
**(661) 321-3000**

- I. Call to Order**
- II. Flag Salute**  
**Led By: Martin**
- III. Roll Call:** Gleason, Martin, Shoemaker, Miller, Krier, Canson, Peters, Surface, Lyon
- IV. Consent Agenda (CA):** Consideration of the consent agenda.

All items listed with a “CA” are considered by Program staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

- V. (CA) Approval of Minutes:** EMCAB Meeting of August 8, 2019 – approve  
**Surface - Lyon: All Ayes**
- VI. Subcommittee Reports: None**
- VII. Public Comments:**

This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

**NO ONE HEARD**

- VIII. Public Requests: None**
- IX. Unfinished Business: None**

**X. New Business:**

A. Maddy Fund Quarterly Report – receive and file

**Miller - Krier: All Ayes**

B. STEMI Policy Update – approve

**Surface – Shoemaker: All Ayes**

C. Kern EMS Inappropriate User Policy – approve

**Surface - Peters: All Ayes**

D. 2019 EMS Plan – receive and file

**Krier - Lyon: All Ayes**

E. Ambulance Patient Offload Times – receive and file

**Surface - Martin: All Ayes**

Surface recommended EMCAB have EMS do a deeper review

**Surface – Miller: All Ayes**

F. Proposed Revisions to Emergency Medical Dispatch (EMD) Policy - approve

**Miller - Lyon: All Ayes**

G. EMCAB Meeting Dates for 2020 – approve

**Lyon – Peters: All Ayes**

H. Accreditation Policy – approve

**Surface – Lyon: All Ayes**

I. Special Event Policy – approve

**Peters – Krier: All Ayes**

**XI. Manager’s Report:** Hear presentation – receive and file

**Lyon - Martin: All Ayes**

**XII. Miscellaneous Documents for Information: None**



### **XIII. Board Member Announcements or Reports:**

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.]

#### **NO ONE HEARD**

### **XIV. Announcements:**

A. Next regularly scheduled meeting: Thursday, May 14, 2020, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.

B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, April 30, 2020, 5:00 p.m., to the Kern County EMS Program Manager.

### **XV. Adjournment Lyon**

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, CA 93306, or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

## X. New Business

### a. Maddy Funds Quarterly Report

**EMS DIVISION  
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT  
MADDY EMS FUND**

**FISCAL YEAR 2019-20 ACTIVITY**

											EMCAAB	EMCAAB	
	MADDY Deposits + Interest	RICHIE'S Deposits + Interest	Admin 10% of Each Fund	Richie's Fund (15%) Distribution	Total Physician Claims Submitted In Quarter	Physicians 58% both funds Balance	Physician Payments in Quarter	Percent Paid to Physicians	Hospitals 25% of Both Fund Balance	Hospital Payments in Quarter	Other EMS 17% MADDY Balance	Other EMS 17% MADDY Rollover Balance FY 1819 (Nov 2018-Jun 2019)	Other EMS 17% RICHIE'S Balance
												151,202.62	
JULY 2019	114,291.62	101,359.40	21,565.10	15,203.91		104,677.77			44,720.50		17,486.62		12,923.32
AUGUST 2019	108,431.75	99,179.85	20,761.17	14,876.98		99,694.05			42,993.36		16,590.06		12,645.43
SEPTEMBER 2019	108,008.88	105,661.05	21,367.00	15,849.16		102,956.28			44,113.44		16,525.36		13,471.78
<b>Total for Quarter 1</b>	<b>330,732.25</b>	<b>306,200.30</b>	<b>63,693.27</b>	<b>45,930.05</b>	<b>244,435.16</b>	<b>307,328.10</b>		<b>27%</b>	<b>131,827.30</b>	<b>216,797.88</b>	<b>50,602.04</b>	<b>151,202.62</b>	<b>39,040.53</b>
OCTOBER 2019	107,217.44	93,031.75	20,024.93	13,954.76		96,792.19			41,567.38		16,404.27		11,861.55
NOVEMBER 2019	110,596.39	101,702.40	21,229.88	15,255.36		102,135.65			43,953.39		16,921.25		12,967.06
DECEMBER 2019	88,814.29	86,303.87	17,511.82	12,945.58		84,155.85			36,165.19		13,588.59	-	11,003.74
<b>Total for Quarter 2</b>	<b>306,628.12</b>	<b>281,038.02</b>	<b>58,766.63</b>	<b>42,155.70</b>	<b>137,808.86</b>	<b>283,083.69</b>		<b>50%</b>	<b>121,685.96</b>	<b>199,674.01</b>	<b>46,914.11</b>	<b>-</b>	<b>35,832.35</b>
JANUARY 2020	96,050.03	87,483.72	18,353.37	13,122.56		88,656.57			38,014.46		14,695.66	-	11,154.17
FEBRUARY 2020	103,503.20	95,720.30	19,922.35	14,358.05		95,964.71			41,235.78		15,835.99	-	12,204.34
MARCH 2020	89,601.46	87,879.28	17,748.08	13,181.89		85,050.34			36,637.69		13,709.02	-	11,204.61
<b>Total for Quarter 3</b>	<b>289,154.69</b>	<b>271,083.30</b>	<b>56,023.80</b>	<b>40,662.50</b>	<b>246,972.03</b>	<b>269,671.62</b>		<b>50%</b>	<b>115,887.93</b>	<b>191,345.32</b>	<b>44,240.67</b>	<b>-</b>	<b>34,563.12</b>
APRIL 2020	103,598.59	87,822.38	19,142.10	13,173.36		93,422.18			39,776.38		15,850.58	-	11,197.35
MAY 2020	50,241.07	50,138.22	10,037.93	7,520.73		20,705.16			20,705.16		7,686.88	-	6,392.62
JUNE 2020	79,261.58	59,606.52	13,886.81	8,940.98		29,010.08			29,010.08		12,127.02	-	7,599.83
<b>Total for Quarter 4</b>	<b>233,101.24</b>	<b>197,567.12</b>	<b>43,066.84</b>	<b>29,635.07</b>	<b>-</b>	<b>143,137.42</b>		<b>#DIV/0!</b>	<b>89,491.62</b>	<b>112,725.96</b>	<b>35,664.48</b>	<b>-</b>	<b>25,189.80</b>
YEAR-END SUP.		-	-								-		
<b>YEAR TO DATE</b>	<b>1,159,616.30</b>	<b>1,055,888.74</b>	<b>221,550.54</b>	<b>158,383.32</b>	<b>629,216.05</b>	<b>1,003,220.83</b>		<b>41%</b>	<b>458,892.81</b>	<b>216,797.88</b>	<b>177,421.30</b>	<b>151,202.62</b>	<b>134,625.80</b>
											<b>Total</b>	<b>328,623.92</b>	

## X. New Business

### b. Annual EOA Reports for 2019

## **Annual Performance Reports**

### **Background**

On September 21, 2006, the *Ambulance Ordinance* (Chapter 8.12) was enacted. The ordinance established the exclusive operating areas (EOAs) that divide up the County for ambulance transport services. These EOAs were assigned through the execution of performance contracts with ambulance providers. The *Ambulance Service Performance Standards*, which were approved by the Board of Supervisors on December 5, 2006, and revised by this board on November 23, 2018, outline the requirements that ambulance services must meet in order to remain in compliance with performance contracts. On a monthly basis each ambulance provider is required to submit reports to the Division for the monitoring of performance. The information is compiled and reported to the Board of Supervisors annually. In 2015, your Board designated the May meeting as the annual meeting for review of the EMS System.

### **The EMS Division Plan of Action**

The Division has finalized the following Annual Performance Reports: EOA 1 – Hall Ambulance Service, Inc; EOAs 2,4,8,9 – Hall Ambulance Service, Inc.; EOA 11 – Hall Ambulance Service, Inc.; EOA 3 – Delano Ambulance Service; EOA 6 – Liberty Ambulance Service; and EOA 7– Liberty Ambulance Service.

Therefore IT IS RECOMMENDED, the Board receives and files these reports.

# 2019 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOA 1

## **Operations and Geography**

Hall Ambulance Service, Inc. is responsible for providing all ambulance services within exclusive operating area (EOA) number 1. Located at the northwest part of the County, EOA 1 encompasses an area from Highway 65 to the east, the San Luis Obispo County line to the west, Kimberlina Road to the south, and Kings County line to the north. Included within EOA 1 are long stretches of Interstate 5, Highway 99, and the Highway 46 corridor as well as the communities of Wasco and Lost Hills.

Hall Ambulance Service Inc.'s base of operations in 2019 was located at 1001 21<sup>st</sup> Street in Bakersfield with a station located at 2324 7<sup>th</sup> Street in Wasco. In 2019 Hall Ambulance Service opened a second station in EOA 1 at 14865 Woodward Ave. in Lost Hills. Hall Ambulance Service, Inc. operated a fleet of 129 ambulances and 6 supervisor units, 1 helicopter, 1 supply vehicle, 1 wheel chair Van, 1 passenger van and employed 373 emergency medical technicians, paramedics, dispatchers, nurses and support staff. The owner/CEO of Hall Ambulance Service, Inc. was Lavone Hall with John Surface in the position of COO.

## **Sub-contracts**

Hall Ambulance Service, Inc. does not have any sub-contract agreements with other providers for EOA 1.

## **Response Compliance**

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

In 2019, Hall Ambulance Service Inc. had multiple months in which one or more response categories were not met. 2019 represents the third year that Hall Ambulance Service Inc. has struggled with response time compliance. It appears that adding the station in Lost Hills has had a positive effect on their response times in EOA 1. Response compliance for EOA 1, 2019 are as follows;

2019 Ambulance Service Performance Report

Hall Ambulance Service, Inc. – EOA 1

Page 2

Month	Zone	Priority	
January	Urban	1	Not Met
	Urban	2	Not Met
March	Urban	3	Not Met
April	Urban	1	Not Met
May	Urban	1	Not Met
	Suburban	3	Not Met
	BLS %	2	Not Met
July	Metro	1	Not Met
	Urban	1	Not Met
	Suburban	3	Not Met

The failure of Hall Ambulance Service to meet the mandated compliance standards in each of these response category and zones constituted the following violations:

- County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four months in any consecutive twelve month period in the same zone.”
- Ambulance Service Performance Standards IX.G.2.: “Aggregate monthly response time performance will be applied to each priority code and response time zone in each EOA. Any priority code, by zone, resulting in less than the 90 percent response time performance is not-compliant with the Standards.”
- Agreement #871-2006, Section 3.1.4: “Failure of provider to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12 month period in the same zone.”

Notice of Non-Compliance letters were sent to Hall Ambulance Service Inc. each month outlining the response time violations in EOA 1. Each letter of Non-Compliance mandated that Hall Ambulance Service submit a plan to cure the compliance violations and an updated plan on the 1<sup>st</sup> of every month until the violations ceased. Copies of the letters of Non-Compliance are attached. Additionally, Hall Ambulance Service received fines totaling \$6000 for the above violations as provided for in the Kern County Ambulance Ordinance.

- Hall Ambulance EOA 1: 2605 responses; 9 *turned calls*; 62 *mutual aid* calls

*Mutual aid* occurs when Hall Ambulance Service provides services to another ambulance company outside of the EOA. Hall Ambulance Service provided 62 separate instances of *mutual aid* to surrounding operating areas, all of which included Delano and McFarland. In some of these cases Hall Ambulance was responded due to unavailability of Delano Ambulances but gave the call back to Delano Ambulance because a unit became available.

A *turned call* occurs when Hall Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2019, Hall Ambulance Service reported 9 *turned calls* in EOA 1. All of these calls were serviced by Delano Ambulance Service.

### **Data Reporting**

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. has submitted compliance data on time for each month. Additionally, Hall Ambulance has been working with EMS and has initiated a web-based tracking program named First Watch which allows for real time compliance tracking and reporting.

### **Complaints/Investigations**

In 2019, there were no formal complaints filed with EMS against Hall Ambulance Service, Inc. for services provided within EOA 1.

### **Community Services**

In 2019, Hall Ambulance Service, Inc. participated in one hundred forty seven (147) community events. The company provided twenty one (21) ambulance demonstrations, participated in sixteen (16) parades and provided ambulance standby service for twenty (20) events.

### **Dispatch**

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc., Delano Ambulance Service and Liberty Ambulance Service. The County requires each dispatch center to have “EMD” capabilities. “EMD” indicates that the dispatchers are specially trained, and programs are in place to medically prioritize each call and provide instructions to callers over the phone to assist with providing



emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service reported that their Computer Aided Dispatch System (CAD) was infiltrated in the month of May. Hall reported that they were forced to hire a third-party company to clean and lock down their system which took the month of May and part of June. Hall Ambulance was unable to submit dispatch data during that time frame. Hall Ambulance Service, Inc. reported processing over 11,281 requests for emergency service in the dispatch center for the remainder of 2019 and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED mandates that request for emergency service be evaluated for compliance to protocol and be ranked in one of five categories, “high compliance”, “Compliant”, “Partial Compliance”, “Low Compliance” and “non-compliant.” In 2019, Hall Ambulance Service, Inc. maintained 96 percent of evaluated calls in the “high compliance” and “compliance” categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

### **Summary**

While Hall Ambulance Service, Inc. met most of the requirements of the emergency medical dispatch standards and other policies and procedures, they struggled to maintain compliance with the ambulance ordinance, ambulance service performance standards and their ambulance service agreement. As described above, the County Ordinance 8.12.170.E.7: Failure to meet response zone time standards, Ambulance Service Performance Standards IX.G.2: Aggregate monthly response time performance, and a violation of Agreement #871-2006, Section 3.1.4: Failure of provider to meet the zone response time standards, plagued Hall Ambulance Service Inc, in 2019.

EOA 1 - 2019

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	#	Standard
												1	Priority 1:
MET	MET	MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	2	Metro
NOT MET	MET	MET	NOT MET	NOT MET	MET	NOT MET	MET	MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	6	Wilderness
												7	Priority 2:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	8	Metro
NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	9	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	12	Wilderness
												13	Priority 3:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	NOT MET	MET	NOT MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												19	Priority 4:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	20	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	21	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	22	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	23	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	24	Wilderness
												25	Priority 5:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												31	Priority 6:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												31	Priority 7:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												31	Priority 8:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												31	Priority 9:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	32	Priority 1
MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	34	Priority 3

# 2019 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOAs 2, 4, 8, and 9

## Operations and Geography

Hall Ambulance Service, Inc. is responsible for all responses within five exclusive operating areas (EOA) that are covered under one agreement. Hall Ambulance Service, Inc.'s base of operations is located at 1001 21<sup>st</sup> Street, Bakersfield. Hall Ambulance Service, Inc. operated a fleet of 129 ambulances and 6 supervisor units, 1 helicopter, 1 supply vehicle, 1 wheel chair Van, 1 passenger van and employed 373 emergency medical technicians, paramedics, dispatchers, nurses and support staff. The owner/CEO of Hall Ambulance Service, Inc. was Lavone Hall with John Surface in the position of COO.

Hall Ambulance Service, Inc. uses a combination of two operational methods to deploy ambulance resources. In EOAs 2, 8, and 9 the deployment method is mostly static. That is, there is a traditional base of operation from which the ambulances respond. The other method is termed *system status management* which is used in the Bakersfield Metro Area (EOA 4). This method keeps the resources fluid and moving at all times to provide the best possible response at any given time, based on the number of available ambulances and historical system demands. Consequently, traditional stations are not used; ambulances are moved throughout the area to position the units for the next anticipated call.

EOA 2 - Located north of Bakersfield, EOA 2 encompasses an area from Highway 33 on the east to Quality Road on the west, Merced Avenue to the north and Stockdale Highway to the south. Included within EOA 2 are long stretches of Interstate 5 and Highway 99 as well as the communities Shafter and Buttonwillow. Hall Ambulance Service, Inc. maintains a station located on Lerdo Highway in Shafter where they station two ambulances with twelve employees to cover the area.

EOA 4 - Located in and around the greater Bakersfield area, EOA 4 encompasses an area from Glennville to the north, Panama Road to the south, Interstate 5 to the west and Breckenridge road to the east. *System status management* is used in this EOA.

EOA 8 - Located at the south end of the County, EOA 8 encompasses an area from Sand Canyon on the east to the Interstate 5 to the west and Los Angeles County line from the south to Highway 58 to the north. Included within the area are the communities of Pine Mountain Club, Frazier Park, Lebec, Mettler, Lamont, Arvin, Stallion Springs, Golden Hills, Tehachapi and Sand Canyon. Hall Ambulance Service, Inc. maintains a station in Frazier Park, Arvin, Lamont, Golden Hills, and two stations in Tehachapi to serve EOA 8.

EOA 9 - Located at the west end of Kern County, EOA 9 encompasses an area from Interstate 5 on the east to the San Luis Obispo County line to the west and Laval Road from the south to

Lerdo Hwy to the north. Included within the area are the communities of Maricopa, Taft, McKittrick, Fellows, Valley Acres and Dustin Acres. Hall Ambulance Service, Inc. maintains a station in Taft to serve EOA 9, with two ambulances and twelve employees.

### **Sub-contracts**

During 2019, Hall Ambulance Service, Inc. had an agreement Delano Ambulance Service, allowing them to provide service within one or more of Hall Ambulance Service, Inc.'s assigned areas. The agreement with Delano Ambulance Service included performance of specific transports for inmates originating in Bakersfield and returning to North Kern and Kern Valley State Prisons.

### **Response Compliance**

Response time compliance is complex. There are 25 categories of response time compliance that must be met for each EOA per month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Hall Ambulance Service Inc. had multiple months in which one or more response categories were not met in EOA's 2, 4, 8 and 9 in 2019. The failure of Hall Ambulance Service Inc. to meet the mandated compliance standards in each of these response categories and zones constitutes the following violations:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four months in any consecutive twelve month period in the same zone."
- Ambulance Service Performance Standards IX.G.2.: "Aggregate monthly response time performance will be applied to each priority code and response time zone in each EOA. Any priority code, by zone, resulting in less than the 90 percent response time performance is not-compliant with the Standards."
- Agreements #873-2006, #876-2006 and #871-2006, Section 3.1.4: "Failure of provider to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12 month period in the same zone."

Notice of Non-Compliance letters were sent to Hall Ambulance Service Inc., every month in 2019 outlining the response time violations in each of the EOA's. Each letter of Non-Compliance mandated that Hall Ambulance Service submit a plan to cure the compliance violations and an updated plan on the 1<sup>st</sup> of every month until the violations ceased. Copies of the letters of Non-Compliance as well as the Annual Tally reports are attached.

- EOA 2: 2,713 responses; 2 *turned calls*; 0 *mutual aid* calls
- EOA 4: 82962 responses; 0 *turned calls* and responded to 7 *mutual aid* calls.
- EOA 8: 8,928 responses; 54 *turned calls* and responded to 0 *mutual aid* calls
- EOA 9: 2,690 responses; 0 *turned calls* and responded to 0 *mutual aid* calls

*Mutual aid* occurs when Hall Ambulance Service, Inc. provides services to another ambulance company outside of the EOA. Hall Ambulance Service, Inc. provided 7 separate instances of *mutual aid* to surrounding areas. The demand for services in other areas exceeded the capability of the existing ambulance service providers and Hall Ambulance Service, Inc. provided resources to meet the demand.

A *turned call* occurs when the contracted agency fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2019, Hall Ambulance Service, Inc. reported 2 turned calls in EOA 2 and 54 turned calls in EOA 8.

In EOA 8, there were 54 *turned calls* and these occurred in the Frazier Park area. With this many *turned calls*, it typically would indicate that the provider may not be supplying sufficient resources to cover the demand. But, the situation in this area is unique. American Medical Response (AMR) provides ambulance service in the adjacent Los Angeles and Ventura counties, with a unit stationed near the Frazier Park area. With no hospital in the Frazier Park area, turnaround times for returning to service can be lengthy and additional back-up units from Hall Ambulance Service, Inc. will come from a distance, with the next closest station being Arvin. Making frequent use of the AMR unit is smart use of available resources. It provides rapid service to the public; it is better to use a mutual aid resource that is nearby than force the public to wait for a Hall Ambulance Service, Inc. response from Arvin or further. AMR takes advantage of the resources that Hall Ambulance Service, Inc. has nearby as well. Hall Ambulance Service, Inc. provides *mutual aid* responses into Los Angeles and Ventura Counties when the AMR ambulance was unavailable.

### **Data Reporting**

The EMS Program relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. was in compliance with all data reporting requirements for 2019 in EOA 2, 4, 8 and 9.

## **Complaints/Investigations**

There were no formal complaints made against Hall Ambulance Service, Inc. for EOA 2, 4, 8, or 9 in 2019.

## **Community Services**

In 2019, Hall Ambulance Service, Inc. participated in many community service events as well as public education programs. It is estimated that Hall Ambulance Service, Inc. interacted with approximately 25,000 members of the community in 2019 through their outreach efforts. The following is a summary of the types of community service events Hall Ambulance Service, Inc. participated in during the year:

- Blood pressure clinics
- Health fairs
- First Aid or ambulance demonstrations for community events or walks
- Ambulance demonstrations for local schools
- Safety lectures
- Career day lectures
- CPR or AED classes performed for the community
- CPR or AED classes performed for local high schools
- Tours of Post 1 for various community and school groups
- Community service events for highway cleanup efforts
- Community parades

## **Dispatch**

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc., Delano Ambulance Service and Liberty Ambulance Service. The County requires each dispatch center to have “EMD” capabilities. “EMD” indicates that the dispatchers are specially trained, and programs are in place to medically prioritize each call and provide instructions to callers over the phone to assist with providing emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service reported that their Computer Aided Dispatch System (CAD) was infiltrated in the month of May. Hall reported that they were forced to hire a third-party company to clean and lock down their system which took the month of May and part of June. Hall Ambulance was unable to submit dispatch data during that time frame. Hall Ambulance Service, Inc. reported processing over 11,281 requests for emergency service in the dispatch center for the remainder of 2019 and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED mandates that request for emergency service be evaluated for compliance to protocol and be ranked in one of five categories, “high compliance”,

“Compliant”, “Partial Compliance”, “Low Compliance” and “non-compliant.” In 2019, Hall Ambulance Service, Inc. maintained 96 percent of evaluated calls in the “high compliance” and “compliance” categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

### **Summary**

2019 proved to be a difficult year for Hall Ambulance Service, Inc. They struggled with response times and failed to meet all of the requirements of the ambulance ordinance, ambulance service agreement, and ambulance service performance standards for EOAs 2, 4, 8, and 9. Hall Ambulance staff have been working with EMS to regain compliance in their EOA’s.

EOA 2 - 2019

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	#	Standard
MET	MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	1	Priority 1:
NOT MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	2	Metro
NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	6	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	7	Priority 2:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	8	Metro
NOT MET	MET	MET	NOT MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	9	Urban
MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	NOT MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	12	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	13	Priority 3:
MET	MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	NOT MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	19	Priority 4:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	19	Priority 5:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	20	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	21	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	22	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	23	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	24	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	25	Priority 6:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	25	Priority 7:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	25	Priority 8:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	31	Appropriate BLS Use
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	32	Priority 1
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	34	Priority 3



EOA 4 - 2019

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	#	Standard
												1	Priority 1:
MET	MET	MET	NOT MET	NOT MET	NOT MET	NOT MET	MET	NOT MET	NOT MET	NOT MET	NOT MET	2	Metro
MET	MET	MET	MET	MET	NOT MET	MET	MET	NOT MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	6	Wilderness
												7	Priority 2:
MET	MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	NOT MET	MET	8	Metro
MET	MET	NOT MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	9	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	MET	NOT MET	NOT MET	MET	MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	12	Wilderness
												13	Priority 3:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	14	Metro
MET	MET	MET	MET	NOT MET	MET	MET	MET	NOT MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												13	Priority 4:
MET	NOT MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												19	Priority 5:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	20	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	21	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	22	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	23	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	24	Wilderness
												25	Priority 6:
NOT MET	MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	MET	MET	NOT MET	NOT MET	NOT MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												25	Priority 7:
MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												25	Priority 8:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												31	Appropriate BLS Use
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	32	Priority 1
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	34	Priority 3

EOA 8 - 2019

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	#	Standard
												1	Priority 1:
MET	NOT MET	NOT MET	MET	MET	NOT MET	MET	NOT MET	MET	MET	MET	NOT MET	2	Metro
NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	6	Wilderness
												7	Priority 2:
MET	MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	8	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	9	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	12	Wilderness
												13	Priority 3:
MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												19	Priority 4:
MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												19	Priority 5:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	20	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	21	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	22	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	23	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	24	Wilderness
												25	Priority 6:
MET	NOT MET	NOT MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												25	Priority 7:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												25	Priority 8:
MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												31	Appropriate BLS Use
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	32	Priority 1
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	34	Priority 3

EOA 9 - 2019

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	#	Standard
												1	Priority 1:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	2	Metro
MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	6	Wilderness
												7	Priority 2:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	8	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	9	Urban
NOT MET	MET	MET	MET	MET	MET	NOT MET	NOT MET	MET	MET	NOT MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	12	Wilderness
												13	Priority 3:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	NOT MET	NOT MET	NOT MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												18	Priority 4:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												19	Priority 5:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	20	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	21	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	22	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	23	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	24	Wilderness
												25	Priority 6:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												25	Priority 7:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												25	Priority 8:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												31	Appropriate BLS Use
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	32	Priority 1
MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	34	Priority 3

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of January, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *Ambulance Service Performance Standards IX.G.2.*: "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: "Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone".

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	Jan-19	1	Urban	75%	Not Met
Hall	1	Jan-19	2	Urban	87.50%	Not Met
Hall	2	Jan-19	1	Urban	80.00%	Not Met
Hall	2	Jan-19	1	Suburban	80.00%	Not Met
Hall	2	Jan-19	2	Urban	83.30%	Not Met
Hall	8	Jan-19	1	Urban	85.70%	Not Met
Hall	9	Jan-19	2	Suburban	83.30%	Not Met
Hall	4	Jan-19	6	Metro	87.80%	Not Met

The table below shows Hall Ambulance Service' compliance in all EOAs for the month of January.

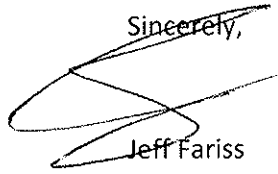


As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$7000 for violations found in the following EOA's, in the month of January;

EOA 1, Priority 1, Urban, (Third consecutive month)  
EOA 1, Priority 2, Urban,  
EOA 2, Priority 1, Urban,  
EOA 2, Priority 1, Suburban,  
EOA 2, Priority 2, Urban,  
EOA 8, Priority 1, Urban,(Second Consecutive month)  
And  
EOA 9, Priority 2, Suburban,

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for EOA 4, Priority 6, metro zone. EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than March 21st, 2019, in writing, a plan to cure all of the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,  
  
Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of February, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *Ambulance Service Performance Standards IX.G.2.*: "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: "Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone".

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	2	Feb-19	1	Urban	83.3%	Not Met
Hall	2	Feb-19	2	Suburban	88.2%	Not Met
Hall	4	Feb-19	4	Metro	88.0%	Not Met
Hall	8	Feb-19	1	Metro	89.2%	Not Met
Hall	8	Feb-19	4	Metro	60.0%	Not Met
Hall	8	Feb-19	6	Metro	83.3%	Not Met
Hall	9	Feb-19	2	BLS Usage	3.1%	Not Met
Hall	11	Feb-19	8	Suburban	87.8%	Not Met
Hall	11	Feb-19	8	Rural	0.0%	Not Met

The table below shows Hall Ambulance Service' compliance in all EOAs for the month of February.

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard						
							<b>Priority 1:</b>						
MET	MET	MET	NOT MET	MET	MET	2	Metro						
MET	NOT MET	MET	MET	MET	MET	3	Urban						
MET	MET	MET	MET	MET	MET	4	Suburban						
MET	MET	MET	MET	MET	MET	5	Rural						
MET	MET	MET	MET	MET	MET	6	Wilderness						
							<b>Priority 2:</b>						
MET	MET	MET	MET	MET	MET	8	Metro						
MET	MET	MET	MET	MET	MET	9	Urban						
MET	NOT MET	MET	MET	MET	MET	10	Suburban						
MET	MET	MET	MET	MET	MET	11	Rural						
MET	MET	MET	MET	MET	MET	12	Wilderness						
							<b>Priority 3:</b>						
MET	MET	MET	MET	MET	MET	14	Metro						
MET	MET	MET	MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
							<b>Priority 4:</b>						
MET	MET	NOT MET	NOT MET	MET	MET	14	Metro						
MET	MET	MET	MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
							<b>Priority 5:</b>						
MET	MET	MET	MET	MET	MET	20	Metro						
MET	MET	MET	MET	MET	MET	21	Urban						
MET	MET	MET	MET	MET	MET	22	Suburban						
MET	MET	MET	MET	MET	MET	23	Rural						
MET	MET	MET	MET	MET	MET	24	Wilderness						
							<b>Priority 6:</b>						
MET	MET	MET	NOT MET	MET	MET	26	Metro						
MET	MET	MET	MET	MET	MET	27	Urban						
MET	MET	MET	MET	MET	MET	28	Suburban						
MET	MET	MET	MET	MET	MET	29	Rural						
MET	MET	MET	MET	MET	MET	30	Wilderness						
							<b>Priority 7:</b>						
MET	MET	MET	MET	MET	MET	32	Metro						
MET	MET	MET	MET	MET	MET	33	Urban						
MET	MET	MET	MET	MET	MET	34	Suburban						
MET	MET	MET	MET	MET	MET	35	Rural						
MET	MET	MET	MET	MET	MET	36	Wilderness						
							<b>Priority 8:</b>						
MET	MET	MET	MET	MET	MET	38	Metro						
MET	MET	MET	MET	MET	MET	39	Urban						
MET	MET	MET	MET	MET	NOT MET	40	Suburban						
MET	MET	MET	MET	MET	NOT MET	41	Rural						
MET	MET	MET	MET	MET	MET	42	Wilderness						
							<b>Appropriate BLS Use</b>						
MET	MET	MET	MET	MET	MET	44	Priority 1						
MET	MET	MET	MET	NOT MET	MET	45	Priority 2						
MET	MET	MET	MET	MET	MET	46	Priority 3						
<b>Met</b>	<b>Not Met</b>	<b>Met</b>	<b>Not Met</b>	<b>Met</b>	<b>Not Met</b>	<b>Met</b>	<b>Not Met</b>	<b>Met</b>	<b>Not Met</b>	<b>Met</b>	<b>Not Met</b>		
x		x		x		x		x		x		47	Raw Call Data with All Report Fields Submitted Completely and On Time
x		x		x		x		x		x		48	Turned Call report Submitted Completely and On Time
x		x		x		x		x		x		49	EMD Activity/QI Report Submitted Completely and On Time
x		x		x		x		x		x		50	Continuing Education Report Submitted Completely and On Time
x		x		x		x		x		x		51	Community Service/Education Report Submitted Completely and On Time
x		x		x		x		x		x		52	Customer Service Tracking Database Report Submitted Completely and On Time



As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$3000 for violations found in the following EOA's, in the month of February;

EOA 2, Priority 1, Urban,  
EOA 2, Priority 2, Suburban,  
EOA 8, Priority 1, Metro,

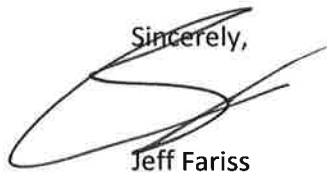
In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 4, Priority 4, metro zone,  
EOA 8, Priority 4, Metro zone,  
EOA 8, Priority 6, Metro zone,  
EOA 9, Priority 2, BLS Usage,  
EOA 11, Priority 8, Suburban,  
And  
EOA 11, Priority 8, Rural.

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than April 21st, 2019, in writing, a plan to cure all of the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,



Jeff Fariss

EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department



**MATTHEW CONSTANTINE**  
DIRECTOR

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

May 7, 2019

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of March, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *Ambulance Service Performance Standards IX.G.2.*: "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: "Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone".

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	Mar-19	3	Urban	88.2%	Not Met
Hall	2	Mar-19	8	Suburban	88.9%	Not Met
Hall	4	Mar-19	2	Urban	88.2%	Not Met
Hall	4	Mar-19	4	Metro	87.0%	Not Met
Hall	4	Mar-19	6	Metro	84.1%	Not Met
Hall	4	Mar-19	7	Metro	89.0%	Not Met
Hall	8	Mar-19	1	Metro	88.7%	Not Met
Hall	8	Mar-19	6	Metro	89.4%	Not Met
Hall	11	Mar-19	8	Suburban	88.5%	Not Met

The table below shows Hall Ambulance Service' compliance in all EOAs for the month of February.



As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$2000 for violations found in the following EOA's, in the month of February;

EOA 4, Priority 2, Urban,  
EOA 8, Priority 1, Metro,

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 1, Priority 3, Urban zone,  
EOA 2, Priority 8, Suburban zone,  
EOA 4, Priority 4, Metro zone,  
EOA 4, Priority 6, Metro zone,  
EOA 4, Priority 7, Metro zone,  
EOA 8, Priority 6, Metro zone,  
And  
EOA 11, Priority 8, Suburban.

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than May 28th, 2019, in writing, a plan to cure all of the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,  
  
Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of April, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone.”
- *Ambulance Service Performance Standards* IX.G.2.: “Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards.”
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: “Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone”.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	Apr-19	1	Urban	88.9%	Not Met
Hall	2	Apr-19	2	Urban	83.3%	Not Met
Hall	2	Apr-19	3	Urban	66.7%	Not Met
Hall	4	Apr-19	1	Metro	87.9%	Not Met
Hall	4	Apr-19	6	Metro	89.3%	Not Met
Hall	8	Apr-19	3	Metro	89.0%	Not Met
Hall	8	Apr-19	3	Urban	85.0%	Not Met
Hall	11	Apr-19	8	Suburban	88.9%	Not Met

The table below shows Hall Ambulance Service’ compliance in all EOAs for the month of February.

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard						
						1	<b>Priority 1:</b>						
MET	MET	NOT MET	MET	MET	MET	2	Metro						
NOT MET	MET	MET	MET	MET	MET	3	Urban						
MET	MET	MET	MET	MET	MET	4	Suburban						
MET	MET	MET	MET	MET	MET	5	Rural						
MET	MET	MET	MET	MET	MET	6	Wilderness						
						7	<b>Priority 2:</b>						
MET	MET	MET	MET	MET	MET	8	Metro						
MET	NOT MET	MET	MET	MET	MET	9	Urban						
MET	MET	MET	MET	MET	MET	10	Suburban						
MET	MET	MET	MET	MET	MET	11	Rural						
MET	MET	MET	MET	MET	MET	12	Wilderness						
						13	<b>Priority 3:</b>						
MET	MET	MET	NOT MET	MET	MET	14	Metro						
MET	NOT MET	MET	NOT MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
						19	<b>Priority 4:</b>						
MET	MET	MET	MET	MET	MET	14	Metro						
MET	MET	MET	MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
						19	<b>Priority 5:</b>						
MET	MET	MET	MET	MET	MET	20	Metro						
MET	MET	MET	MET	MET	MET	21	Urban						
MET	MET	MET	MET	MET	MET	22	Suburban						
MET	MET	MET	MET	MET	MET	23	Rural						
MET	MET	MET	MET	MET	MET	24	Wilderness						
						25	<b>Priority 6:</b>						
MET	MET	NOT MET	MET	MET	MET	26	Metro						
MET	MET	MET	MET	MET	MET	27	Urban						
MET	MET	MET	MET	MET	MET	28	Suburban						
MET	MET	MET	MET	MET	MET	29	Rural						
MET	MET	MET	MET	MET	MET	30	Wilderness						
						31	<b>Priority 7:</b>						
MET	MET	MET	MET	MET	MET	32	Metro						
MET	MET	MET	MET	MET	MET	33	Urban						
MET	MET	MET	MET	MET	MET	34	Suburban						
MET	MET	MET	MET	MET	MET	35	Rural						
MET	MET	MET	MET	MET	MET	36	Wilderness						
						37	<b>Priority 8:</b>						
MET	MET	MET	MET	MET	MET	38	Metro						
MET	MET	MET	MET	MET	MET	39	Urban						
MET	MET	MET	MET	MET	NOT MET	40	Suburban						
MET	MET	MET	MET	MET	MET	41	Rural						
MET	MET	MET	MET	MET	MET	42	Wilderness						
						43	<b>Appropriate BLS Use</b>						
MET	MET	MET	MET	MET	MET	44	Priority 1						
MET	MET	MET	MET	MET	MET	45	Priority 2						
MET	MET	MET	MET	MET	MET	46	Priority 3						
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	#	Standard
x		x		x		x		x		x		47	Raw Call Data with All Report Fields Submitted Completely and On Time
x		x		x		x		x		x		48	Turned Call report Submitted Completely and On Time
x		x		x		x		x		x		49	EMD Activity/QI Report Submitted Completely and On Time
x		x		x		x		x		x		50	Continuing Education Report Submitted Completely and On Time
x		x		x		x		x		x		51	Community Service/Education Report Submitted Completely and On Time
x		x		x		x		x		x		52	Customer Service Tracking Database Report Submitted Completely and On Time

As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$3000 for violations found in the following EOA's, in the month of February;

EOA 1, Priority 1, Urban,  
EOA 2, Priority 2, Urban,  
And  
EOA 4, Priority 1, Metro,

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 2, Priority 3, Urban zone,  
EOA 4, Priority 6, Metro zone,  
EOA 8, Priority 3, Metro zone,  
EOA 8, Priority 3, Urban zone,  
And  
EOA 11, Priority 8, Suburban.

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than June 28th, 2019, in writing, a plan to cure all of the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of May, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone.”
- *Ambulance Service Performance Standards IX.G.2.:* “Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards.”
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: “Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone”.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	May-19	1	Urban	83.3%	Not Met
Hall	2	May-19	2	Urban	85.7%	Not Met
Hall	4	May-19	1	Metro	88.0%	Not Met
Hall	4	May-19	1	Rural	75.0%	Not Met
Hall	9	May-19	1	Urban	84.6%	Not Met
Hall	1	May-19	3	Suburban	75.0%	Not Met
Hall	4	May-19	3	Urban	88.2%	Not Met
Hall	4	May-19	6	Metro	89.1%	Not Met
Hall	8	May-19	6	Metro	84.2%	Not Met
Hall	9	May-19	3	Urban	83.3%	Not Met
Hall	1	May-19	2	BLS	3.1%	Not Met

The table below shows Hall Ambulance Service’ compliance in all EOAs for the month of May.



EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard								
						1	Priority 1:								
MET	MET	NOT MET	MET	MET	MET	2	Metro								
NOT MET	MET	MET	MET	NOT MET	MET	3	Urban								
MET	MET	MET	MET	MET	MET	4	Suburban								
MET	MET	NOT MET	MET	MET	MET	5	Rural								
MET	MET	MET	MET	MET	MET	6	Wilderness								
						7	Priority 2:								
MET	MET	MET	MET	MET	MET	8	Metro								
MET	NOT MET	MET	MET	MET	MET	9	Urban								
MET	MET	MET	MET	MET	MET	10	Suburban								
MET	MET	MET	MET	MET	MET	11	Rural								
MET	MET	MET	MET	MET	MET	12	Wilderness								
						13	Priority 3:								
MET	MET	MET	MET	MET	MET	14	Metro								
MET	MET	NOT MET	MET	NOT MET	MET	15	Urban								
NOT MET	MET	MET	MET	MET	MET	16	Suburban								
MET	MET	MET	MET	MET	MET	17	Rural								
MET	MET	MET	MET	MET	MET	18	Wilderness								
						13	Priority 4:								
MET	MET	MET	MET	MET	MET	14	Metro								
MET	MET	MET	MET	MET	MET	15	Urban								
MET	MET	MET	MET	MET	MET	16	Suburban								
MET	MET	MET	MET	MET	MET	17	Rural								
MET	MET	MET	MET	MET	MET	18	Wilderness								
						19	Priority 5:								
MET	MET	MET	MET	MET	MET	20	Metro								
MET	MET	MET	MET	MET	MET	21	Urban								
MET	MET	MET	MET	MET	MET	22	Suburban								
MET	MET	MET	MET	MET	MET	23	Rural								
MET	MET	MET	MET	MET	MET	24	Wilderness								
						25	Priority 6:								
MET	MET	NOT MET	NOT MET	MET	MET	26	Metro								
MET	MET	MET	MET	MET	MET	27	Urban								
MET	MET	MET	MET	MET	MET	28	Suburban								
MET	MET	MET	MET	MET	MET	29	Rural								
MET	MET	MET	MET	MET	MET	30	Wilderness								
						31	Priority 7:								
MET	MET	MET	MET	MET	MET	32	Metro								
MET	MET	MET	MET	MET	MET	33	Urban								
MET	MET	MET	MET	MET	MET	34	Suburban								
MET	MET	MET	MET	MET	MET	35	Rural								
MET	MET	MET	MET	MET	MET	36	Wilderness								
						37	Priority 8:								
MET	MET	MET	MET	MET	MET	38	Metro								
MET	MET	MET	MET	MET	MET	39	Urban								
MET	MET	MET	MET	MET	MET	40	Suburban								
MET	MET	MET	MET	MET	MET	41	Rural								
MET	MET	MET	MET	MET	MET	42	Wilderness								
						43	Appropriate BLS Use								
MET	MET	MET	MET	MET	MET	44	Priority 1								
NOT MET	MET	MET	MET	MET	MET	45	Priority 2								
MET	MET	MET	MET	MET	MET	46	Priority 3								
Met		Not Met		Met		Not Met		Met		Not Met		Met		Not Met	
x		x		x		x		x		x		47	Raw Call Data with All Report Fields Submitted Completely and On Time		
x		x		x		x		x		x		48	Turned Call report Submitted Completely and On Time		
x		x		x		x		x		x		49	EMD Activity/QI Report Submitted Completely and On Time		
x		x		x		x		x		x		50	Continuing Education Report Submitted Completely and On Time		
x		x		x		x		x		x		51	Community Service/Education Report Submitted Completely and On Time		
x		x		x		x		x		x		52	Customer Service Tracking Database Report Submitted Completely and On Time		

As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$5000 for violations found in the following EOA's, in the month of May;

EOA 1, Priority 1, Urban,  
EOA 2, Priority 2, Urban,  
EOA 4, Priority 1, Metro,  
EOA 4, Priority 1, Rural,  
EOA 9, Priority 1, Urban.

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 1, Priority 3, Suburban zone,  
EOA 4, Priority 3, Urban zone,  
EOA 4, Priority 6, Metro zone,  
EOA 8, Priority 6, Metro zone,  
EOA 9, Priority 3, Urban zone,  
And  
Priority 2, BLS Usage.

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than August 2nd, 2019, in writing, a plan to cure all of the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of June, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone.”
- *Ambulance Service Performance Standards IX.G.2.*: “Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards.”
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: “Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone”.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	2	Jun-19	1	Metro	85.7%	Not Met
Hall	2	Jun-19	3	Metro	88.2%	Not Met
Hall	4	Jun-19	1	Metro	84.1%	Not Met
Hall	4	Jun-19	1	Urban	76.2%	Not Met
Hall	4	Jun-19	2	Metro	89.7%	Not Met
Hall	4	Jun-19	2	Urban	79.7%	Not Met
Hall	4	Jun-19	6	Metro	80.5%	Breach
Hall	8	Jun-19	1	Metro	86.9%	Not Met
Hall	8	Jun-19	2	Metro	88.2%	Not Met
Hall	9	Jun-19	3	Urban	87.5%	Not Met
Hall	11	Jun-19	8	Rural	66.7%	Not Met

The table below shows Hall Ambulance Service' compliance in all EOAs for the month of June.

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard				
							1	Priority 1:			
MET	NOT MET	NOT MET	NOT MET	MET	MET	2	Metro				
MET	MET	NOT MET	MET	MET	MET	3	Urban				
MET	MET	MET	MET	MET	MET	4	Suburban				
MET	MET	MET	MET	MET	MET	5	Rural				
MET	MET	MET	MET	MET	MET	6	Wilderness				
							7	Priority 2:			
MET	MET	NOT MET	NOT MET	MET	MET	8	Metro				
MET	MET	NOT MET	MET	MET	MET	9	Urban				
MET	MET	MET	MET	MET	MET	10	Suburban				
MET	MET	MET	MET	MET	MET	11	Rural				
MET	MET	MET	MET	MET	MET	12	Wilderness				
							13	Priority 3:			
MET	NOT MET	MET	MET	MET	MET	14	Metro				
MET	MET	MET	MET	NOT MET	MET	15	Urban				
MET	MET	MET	MET	MET	MET	16	Suburban				
MET	MET	MET	MET	MET	MET	17	Rural				
MET	MET	MET	MET	MET	MET	18	Wilderness				
							13	Priority 4:			
MET	MET	MET	MET	MET	MET	14	Metro				
MET	MET	MET	MET	MET	MET	15	Urban				
MET	MET	MET	MET	MET	MET	16	Suburban				
MET	MET	MET	MET	MET	MET	17	Rural				
MET	MET	MET	MET	MET	MET	18	Wilderness				
							19	Priority 5:			
MET	MET	MET	MET	MET	MET	20	Metro				
MET	MET	MET	MET	MET	MET	21	Urban				
MET	MET	MET	MET	MET	MET	22	Suburban				
MET	MET	MET	MET	MET	MET	23	Rural				
MET	MET	MET	MET	MET	MET	24	Wilderness				
							25	Priority 6:			
MET	MET	NOT MET	MET	MET	MET	26	Metro				
MET	MET	MET	MET	MET	MET	27	Urban				
MET	MET	MET	MET	MET	MET	28	Suburban				
MET	MET	MET	MET	MET	MET	29	Rural				
MET	MET	MET	MET	MET	MET	30	Wilderness				
							31	Priority 7:			
MET	MET	MET	MET	MET	MET	32	Metro				
MET	MET	MET	MET	MET	MET	33	Urban				
MET	MET	MET	MET	MET	MET	34	Suburban				
MET	MET	MET	MET	MET	MET	35	Rural				
MET	MET	MET	MET	MET	MET	36	Wilderness				
							37	Priority 8:			
MET	MET	MET	MET	MET	MET	38	Metro				
MET	MET	MET	MET	MET	MET	39	Urban				
MET	MET	MET	MET	MET	MET	40	Suburban				
MET	MET	MET	MET	MET	NOT MET	41	Rural				
MET	MET	MET	MET	MET	MET	42	Wilderness				
							43	Appropriate BLS Use			
MET	MET	MET	MET	MET	MET	44	Priority 1				
MET	MET	MET	MET	MET	MET	45	Priority 2				
MET	MET	MET	MET	MET	MET	46	Priority 3				
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met
x		x		x		x		x		x	
x		x		x		x		x		x	
x		x		x		x		x		x	
x		x		x		x		x		x	
x		x		x		x		x		x	
x		x		x		x		x		x	
							47	Raw Call Data with All Report Fields Submitted Completely and On Time			
							48	Turned Call report Submitted Completely and On Time			
							49	EMD Activity/QI Report Submitted Completely and On Time			
							50	Continuing Education Report Submitted Completely and On Time			
							51	Community Service/Education Report Submitted Completely and On Time			
							52	Customer Service Tracking Database Report Submitted Completely and On Time			

As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$7000 for violations found in the following EOA's, in the month of June;

EOA 2, Priority 1, Metro,  
EOA 4, Priority 1, Metro,  
EOA 4, Priority 1, Urban,  
EOA 4, Priority 2, Metro,  
EOA 4, Priority 2, Urban,  
EOA 8, Priority 1, Metro,  
EOA 8, Priority 2, Metro

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 2, Priority 3, Metro,  
EOA 4, Priority 6, Metro zone,  
EOA 9, Priority 3, Urban zone,  
And  
EOA 11, Priority 8, Rural

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than September 24th, 2019, in writing, a plan to cure all of the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of July, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone.”
- *Ambulance Service Performance Standards IX.G.2.:* “Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards.”
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: “Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone”.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	Jul-19	1	Metro	88.7%	Not Met
Hall	1	Jul-19	1	Urban	83.3%	Not Met
Hall	1	Jul-19	3	Suburban	83.3%	Not Met
Hall	4	Jul-19	1	Metro	87.7%	Breach
Hall	4	Jul-19	6	Metro	86.0%	Breach
Hall	9	Jul-19	2	Suburban	87.5%	Not Met
Hall	9	Jul-19	3	Urban	88.9%	Not Met

The table below shows Hall Ambulance Service’ compliance in all EOAs for the month of July.





Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of August, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone.”
- *Ambulance Service Performance Standards* IX.G.2.: “Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards.”
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: “Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone”.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	4	Aug-19	2	Rural	66.7%	Not Met
Hall	8	Aug-19	1	Metro	85.5%	Not Met
Hall	9	Aug-19	2	Suburban	83.3%	Not Met

The table below shows Hall Ambulance Service’ compliance in all EOAs for the month of August.

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard						
						1	<b>Priority 1:</b>						
MET	MET	MET	NOT MET	MET	MET	2	Metro						
MET	MET	MET	MET	MET	MET	3	Urban						
MET	MET	MET	MET	MET	MET	4	Suburban						
MET	MET	MET	MET	MET	MET	5	Rural						
MET	MET	MET	MET	MET	MET	6	Wilderness						
						7	<b>Priority 2:</b>						
MET	MET	MET	MET	MET	MET	8	Metro						
MET	MET	MET	MET	MET	MET	9	Urban						
MET	MET	MET	MET	NOT MET	MET	10	Suburban						
MET	MET	NOT MET	MET	MET	MET	11	Rural						
MET	MET	MET	MET	MET	MET	12	Wilderness						
						13	<b>Priority 3:</b>						
MET	MET	MET	MET	MET	MET	14	Metro						
MET	MET	MET	MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
						13	<b>Priority 4:</b>						
MET	MET	MET	MET	MET	MET	14	Metro						
MET	MET	MET	MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
						19	<b>Priority 5:</b>						
MET	MET	MET	MET	MET	MET	20	Metro						
MET	MET	MET	MET	MET	MET	21	Urban						
MET	MET	MET	MET	MET	MET	22	Suburban						
MET	MET	MET	MET	MET	MET	23	Rural						
MET	MET	MET	MET	MET	MET	24	Wilderness						
						25	<b>Priority 6:</b>						
MET	MET	MET	MET	MET	MET	26	Metro						
MET	MET	MET	MET	MET	MET	27	Urban						
MET	MET	MET	MET	MET	MET	28	Suburban						
MET	MET	MET	MET	MET	MET	29	Rural						
MET	MET	MET	MET	MET	MET	30	Wilderness						
						31	<b>Priority 7:</b>						
MET	MET	MET	MET	MET	MET	32	Metro						
MET	MET	MET	MET	MET	MET	33	Urban						
MET	MET	MET	MET	MET	MET	34	Suburban						
MET	MET	MET	MET	MET	MET	35	Rural						
MET	MET	MET	MET	MET	MET	36	Wilderness						
						37	<b>Priority 8:</b>						
MET	MET	MET	MET	MET	MET	38	Metro						
MET	MET	MET	MET	MET	MET	39	Urban						
MET	MET	MET	MET	MET	MET	40	Suburban						
MET	MET	MET	MET	MET	MET	41	Rural						
MET	MET	MET	MET	MET	MET	42	Wilderness						
						43	<b>Appropriate BLS Use</b>						
MET	MET	MET	MET	MET	MET	44	Priority 1						
MET	MET	MET	MET	MET	MET	45	Priority 2						
MET	MET	MET	MET	MET	MET	46	Priority 3						
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met		
x		x		x		x		x		x		47	Raw Call Data with All Report Fields Submitted Completely and On Time
x		x		x		x		x		x		48	Turned Call report Submitted Completely and On Time
x		x		x		x		x		x		49	EMD Activity/QI Report Submitted Completely and On Time
x		x		x		x		x		x		50	Continuing Education Report Submitted Completely and On Time
x		x		x		x		x		x		51	Community Service/Education Report Submitted Completely and On Time
x		x		x		x		x		x		52	Customer Service Tracking Database Report Submitted Completely and On Time

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of September, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone.”
- *Ambulance Service Performance Standards* IX.G.2.: “Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards.”
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: “Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone”.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	4	Sep-19	1	Metro	89.9%	Not Met
Hall	4	Sep-19	1	Urban	88.9%	Not Met
Hall	4	Sep-19	2	Rural	0.0%	Not Met
Hall	4	Sep-19	3	Urban	86.7%	Not Met
Hall	4	Sep-19	3	Rural	0.0%	Not Met

The table below shows Hall Ambulance Service’ compliance in all EOAs for the month of September.

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard
						1	<b>Priority 1:</b>
MET	MET	NOT MET	MET	MET	MET	2	Metro
MET	MET	NOT MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	6	Wilderness
						7	<b>Priority 2:</b>
MET	MET	MET	MET	MET	MET	8	Metro
MET	MET	MET	MET	MET	MET	9	Urban
MET	MET	MET	MET	MET	MET	10	Suburban
MET	MET	NOT MET	MET	MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	12	Wilderness
						13	<b>Priority 3:</b>
MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	NOT MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	NOT MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	18	Wilderness
						13	<b>Priority 4:</b>
MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	18	Wilderness
						19	<b>Priority 5:</b>
MET	MET	MET	MET	MET	MET	20	Metro
MET	MET	MET	MET	MET	MET	21	Urban
MET	MET	MET	MET	MET	MET	22	Suburban
MET	MET	MET	MET	MET	MET	23	Rural
MET	MET	MET	MET	MET	MET	24	Wilderness
						25	<b>Priority 6:</b>
MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	30	Wilderness
						31	<b>Priority 7:</b>
MET	MET	MET	MET	MET	MET	32	Metro
MET	MET	MET	MET	MET	MET	33	Urban
MET	MET	MET	MET	MET	MET	34	Suburban
MET	MET	MET	MET	MET	MET	35	Rural
MET	MET	MET	MET	MET	MET	36	Wilderness
						37	<b>Priority 8:</b>
MET	MET	MET	MET	MET	MET	38	Metro
MET	MET	MET	MET	MET	MET	39	Urban
MET	MET	MET	MET	MET	MET	40	Suburban
MET	MET	MET	MET	MET	MET	41	Rural
MET	MET	MET	MET	MET	MET	42	Wilderness
						43	<b>Appropriate BLS Use</b>
MET	MET	MET	MET	MET	MET	44	Priority 1
MET	MET	MET	MET	MET	MET	45	Priority 2
MET	MET	MET	MET	MET	MET	46	Priority 3

As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$3000 for violations found in the following EOA's, in the month of September;

EOA 4, Priority 1, Metro,  
EOA 4, Priority 1, Urban,  
EOA 4, Priority 2, Rural

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 4, Priority 3, Urban,  
And  
EOA 4, Priority 3, Rural

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than November 22nd, 2019, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$3000 for violations found in the following EOA's, in the month of August;

EOA 4, Priority 2, Rural,  
EOA 8, Priority 1, Metro,  
EOA 9, Priority 2, Suburban

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than October 22nd, 2019, in writing, a plan to cure all of the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

As stated in section IX, K, 1, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." Additionally, section IX, K, 2, states, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in an EOA, in a 4th consecutive month, the provider will be charged a \$5000 fine each month thereafter until compliance is met." In the month of July, Hall Ambulance Service has been found to be in Breach in EOA 4, Priority 1, Metro, as the fourth consecutive month on non-compliance. As a result, attached you will find an invoice for \$8000 for violations found in the following EOA's, in the month of July;

EOA 1, Priority 1, Metro,  
EOA 1, Priority 1, Urban,  
EOA 4, Priority 1, Metro,  
EOA 9, Priority 2, Suburban

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 1, Priority 3, Suburban,  
EOA 4, Priority 6, Metro,  
And  
EOA 9, Priority 3, Urban

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than September 24th, 2019, in writing, a plan to cure all of the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager



Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of October, 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone.”
- *Ambulance Service Performance Standards IX.G.2.*: “Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards.”
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: “Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone”.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	2	October	2	Suburban	89%	Not Met
Hall	2	October	3	Urban	83.30%	Not Met
Hall	4	October	1	Metro	86.30%	Not Met
Hall	4	October	3	Urban	87.00%	Not Met
Hall	4	October	3	Rural	0.00%	Not Met
Hall	4	October	4	Metro	83.30%	Not Met
Hall	4	October	6	Metro	84.00%	Not Met
Hall	4	October	8	Suburban	66.70%	Not Met
Hall	8	October	1	Suburban	86.84%	Not Met
Hall	8	October	8	Urban	83.33%	Not Met
Hall	11	October	6	Urban	0.00%	Not Met

The table below shows Hall Ambulance Service' compliance in all EOAs for the month of October.

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard						
							1	<b>Priority 1:</b>					
MET	MET	NOT MET	MET	MET	MET	2	Metro						
MET	MET	MET	MET	MET	MET	3	Urban						
MET	MET	MET	NOT MET	MET	MET	4	Suburban						
MET	MET	MET	MET	MET	MET	5	Rural						
MET	MET	MET	MET	MET	MET	6	Wilderness						
							7	<b>Priority 2:</b>					
MET	MET	MET	MET	MET	MET	8	Metro						
MET	MET	MET	MET	MET	MET	9	Urban						
MET	NOT MET	MET	MET	MET	MET	10	Suburban						
MET	MET	MET	MET	MET	MET	11	Rural						
MET	MET	MET	MET	MET	MET	12	Wilderness						
							13	<b>Priority 3:</b>					
MET	MET	MET	MET	MET	MET	14	Metro						
MET	NOT MET	NOT MET	MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	NOT MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
							19	<b>Priority 4:</b>					
MET	MET	NOT MET	MET	MET	MET	14	Metro						
MET	MET	MET	MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
							19	<b>Priority 5:</b>					
MET	MET	MET	MET	MET	MET	20	Metro						
MET	MET	MET	MET	MET	MET	21	Urban						
MET	MET	MET	MET	MET	MET	22	Suburban						
MET	MET	MET	MET	MET	MET	23	Rural						
MET	MET	MET	MET	MET	MET	24	Wilderness						
							25	<b>Priority 6:</b>					
MET	MET	NOT MET	MET	MET	MET	26	Metro						
MET	MET	MET	MET	MET	NOT MET	27	Urban						
MET	MET	MET	MET	MET	MET	28	Suburban						
MET	MET	MET	MET	MET	MET	29	Rural						
MET	MET	MET	MET	MET	MET	30	Wilderness						
							31	<b>Priority 7:</b>					
MET	MET	MET	MET	MET	MET	32	Metro						
MET	MET	MET	MET	MET	MET	33	Urban						
MET	MET	MET	MET	MET	MET	34	Suburban						
MET	MET	MET	MET	MET	MET	35	Rural						
MET	MET	MET	MET	MET	MET	36	Wilderness						
							37	<b>Priority 8:</b>					
MET	MET	MET	MET	MET	MET	38	Metro						
MET	MET	MET	NOT MET	MET	MET	39	Urban						
MET	MET	NOT MET	MET	MET	MET	40	Suburban						
MET	MET	MET	MET	MET	MET	41	Rural						
MET	MET	MET	MET	MET	MET	42	Wilderness						
							43	<b>Appropriate BLS Use</b>					
MET	MET	MET	MET	MET	MET	44	Priority 1						
MET	MET	MET	MET	MET	MET	45	Priority 2						
MET	MET	MET	MET	MET	MET	46	Priority 3						
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met		
x		x		x		x		x		x		47	Raw Call Data with All Report Fields Submitted Completely and On Time
x		x		x		x		x		x		48	Turned Call report Submitted Completely and On Time
x		x		x		x		x		x		49	EMD Activity/QI Report Submitted Completely and On Time
x		x		x		x		x		x		50	Continuing Education Report Submitted Completely and On Time
x		x		x		x		x		x		51	Community Service/Education Report Submitted Completely and On Time
x		x		x		x		x		x		52	Customer Service Tracking Database Report Submitted Completely and On Time

As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1016 fine each month." As a result, attached you will find an invoice for \$3048 for violations found in the following EOA's, in the month of October;

EOA 2, Priority 2, Suburban,  
EOA 4, Priority 1, Metro,  
EOA 8, Priority 1, Suburban

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 2, Priority 3, Urban,  
EOA 4, Priority 3, Urban,  
EOA 4, Priority 3, Rural,  
EOA 4, Priority 4, Metro,  
EOA 4, Priority 6, Metro,  
EOA 4, Priority 8, Suburban,  
EOA 8, Priority 8, Urban,  
And  
EOA 11, Priority 6, Urban.

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than December 18th, 2019, in writing, a plan to cure all of the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

### **NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of November 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *Ambulance Service Performance Standards* IX.G.2.: "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: "Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone".

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

<b>COMPANY</b>	<b>EOA</b>	<b>Month</b>	<b>Priority</b>	<b>Zone</b>	<b>Percent</b>	<b>Status</b>
Hall	2	19-Nov	1	Urban	75%	Not Met
Hall	2	19-Nov	2	Suburban	85.70%	Not Met
Hall	2	19-Nov	3	Suburban	85.70%	Not Met
Hall	4	19-Nov	1	Metro	85.80%	Not Met
Hall	4	19-Nov	2	Metro	89.80%	Not Met
Hall	4	19-Nov	3	Rural	0.00%	Not Met
Hall	4	19-Nov	4	Metro	75.00%	Not Met
Hall	4	19-Nov	6	Metro	87.30%	Not Met
Hall	4	19-Nov	6	Urban	76.90%	Not Met
Hall	4	19-Nov	7	Urban	0.00%	Not Met
Hall	8	19-Nov	2	Rural	87.50%	Not Met
Hall	8	19-Nov	3	Urban	81.82%	Not Met
Hall	9	19-Nov	2	Suburban	76.90%	Not Met
Hall	9	19-Nov	3	Suburban	66.70%	Not Met
Hall	11	19-Nov	6	Metro	50.00%	Not Met

The table below shows Hall Ambulance Service' compliance in all EOAs for the month of November.

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard
<b>Priority 1:</b>							
MET	MET	NOT MET	MET	MET	MET	1	Metro
MET	NOT MET	MET	MET	MET	MET	2	Urban
MET	MET	MET	MET	MET	MET	3	Suburban
MET	MET	MET	MET	MET	MET	4	Rural
MET	MET	MET	MET	MET	MET	5	Wilderness
<b>Priority 2:</b>							
MET	MET	NOT MET	MET	MET	MET	6	Metro
MET	MET	MET	MET	MET	MET	7	Urban
MET	NOT MET	MET	MET	NOT MET	MET	8	Suburban
MET	MET	MET	NOT MET	MET	MET	9	Rural
MET	MET	MET	MET	MET	MET	10	Wilderness
<b>Priority 3:</b>							
MET	MET	NOT MET	MET	MET	MET	11	Metro
MET	MET	MET	NOT MET	MET	MET	12	Urban
MET	NOT MET	MET	MET	NOT MET	MET	13	Suburban
MET	MET	MET	MET	MET	MET	14	Rural
MET	MET	MET	MET	MET	MET	15	Wilderness
<b>Priority 4:</b>							
MET	MET	NOT MET	MET	MET	MET	16	Metro
MET	MET	MET	MET	MET	MET	17	Urban
MET	MET	MET	MET	MET	MET	18	Suburban
MET	MET	MET	MET	MET	MET	19	Rural
MET	MET	MET	MET	MET	MET	20	Wilderness
<b>Priority 5:</b>							
MET	MET	MET	MET	MET	MET	21	Metro
MET	MET	MET	MET	MET	MET	22	Urban
MET	MET	MET	MET	MET	MET	23	Suburban
MET	MET	MET	MET	MET	MET	24	Rural
MET	MET	MET	MET	MET	MET	25	Wilderness
<b>Priority 6:</b>							
MET	MET	NOT MET	MET	MET	NOT MET	26	Metro
MET	MET	NOT MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	30	Wilderness
<b>Priority 7:</b>							
MET	MET	MET	MET	MET	MET	31	Metro
MET	MET	NOT MET	MET	MET	MET	32	Urban
MET	MET	MET	MET	MET	MET	33	Suburban
MET	MET	MET	MET	MET	MET	34	Rural
MET	MET	MET	MET	MET	MET	35	Wilderness
<b>Priority 8:</b>							
MET	MET	MET	MET	MET	MET	36	Metro
MET	MET	MET	MET	MET	MET	37	Urban
MET	MET	MET	MET	MET	MET	38	Suburban
MET	MET	MET	MET	MET	MET	39	Rural
MET	MET	MET	MET	MET	MET	40	Wilderness
<b>Appropriate BLS Use</b>							
MET	MET	MET	MET	MET	MET	41	Priority 1
MET	MET	MET	MET	MET	MET	42	Priority 2
MET	MET	MET	MET	MET	MET	43	Priority 3
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met
x		x		x		x	
47 Raw Call Data with All Report Fields Submitted Completely and On Time							
x		x		x		x	
48 Turned Call report Submitted Completely and On Time							
x		x		x		x	
49 EMD Activity/QI Report Submitted Completely and On Time							
x		x		x		x	
50 Continuing Education Report Submitted Completely and On Time							
x		x		x		x	
51 Community Service/Education Report Submitted Completely and On Time							
x		x		x		x	
52 Customer Service Tracking Database Report Submitted Completely and On Time							



As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1016 fine each month." As a result, attached you will find an invoice for \$6096 for violations found in the following EOA's, in the month of November;

EOA 2	19-Nov	1	Urban
EOA 2	19-Nov	2	Suburban
EOA 4	19-Nov	1	Metro
EOA 4	19-Nov	2	Metro
EOA 8	19-Nov	2	Rural
EOA 9	19-Nov	2	Suburban

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 2	19-Nov	3	Suburban
EOA 4	19-Nov	3	Rural
EOA 4	19-Nov	4	Metro
EOA 4	19-Nov	6	Metro
EOA 4	19-Nov	6	Urban
EOA 4	19-Nov	7	Urban
EOA 8	19-Nov	3	Urban
EOA 9	19-Nov	3	Suburban
EOA 11	19-Nov	6	Metro

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than January 22nd, 2020, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

Mr. John Surface, COO  
Hall Ambulance Service Incorporated  
2001 21<sup>st</sup> St.  
Bakersfield, CA 93301

**NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT**

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of December 2019, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone.”
- *Ambulance Service Performance Standards* IX.G.2.: “Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards.”
- Agreement # 875-2006 and # 876-2006 Section 3.1.4: “Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone”.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	4	19-Dec	1	Metro	86%	Breach
Hall	4	19-Dec	6	Metro	87.50%	Not Met
Hall	4	19-Dec	1	BLS	4.30%	Not Met
Hall	4	19-Dec	2	BLS	3.80%	Not Met
Hall	8	19-Dec	1	Metro	89.34%	Not Met
Hall	8	19-Dec	2	Urban	88.64%	Not Met
Hall	8	19-Dec	3	Suburban	88.24%	Not Met
Hall	11	19-Dec	8	Rural	50.00%	Not Met

The table below shows Hall Ambulance Service' compliance in all EOAs for the month of December.

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard
						1	<b>Priority 1:</b>
MET	MET	NOT MET	NOT MET	MET	MET	2	Metro
MET	MET	MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	6	Wilderness
						7	<b>Priority 2:</b>
MET	MET	MET	MET	MET	MET	8	Metro
MET	MET	MET	NOT MET	MET	MET	9	Urban
MET	MET	MET	MET	MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	12	Wilderness
						13	<b>Priority 3:</b>
MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	NOT MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	18	Wilderness
						13	<b>Priority 4:</b>
MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	18	Wilderness
						19	<b>Priority 5:</b>
MET	MET	MET	MET	MET	MET	20	Metro
MET	MET	MET	MET	MET	MET	21	Urban
MET	MET	MET	MET	MET	MET	22	Suburban
MET	MET	MET	MET	MET	MET	23	Rural
MET	MET	MET	MET	MET	MET	24	Wilderness
						25	<b>Priority 6:</b>
MET	MET	NOT MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	30	Wilderness
						31	<b>Priority 7:</b>
MET	MET	MET	MET	MET	MET	32	Metro
MET	MET	MET	MET	MET	MET	33	Urban
MET	MET	MET	MET	MET	MET	34	Suburban
MET	MET	MET	MET	MET	MET	35	Rural
MET	MET	MET	MET	MET	MET	36	Wilderness
						37	<b>Priority 8:</b>
MET	MET	MET	MET	MET	MET	38	Metro
MET	MET	MET	MET	MET	MET	39	Urban
MET	MET	MET	MET	MET	MET	40	Suburban
MET	MET	MET	MET	MET	NOT MET	41	Rural
MET	MET	MET	MET	MET	MET	42	Wilderness
						43	<b>Appropriate BLS Use</b>
MET	MET	NOT MET	MET	MET	MET	44	Priority 1
MET	MET	NOT MET	MET	MET	MET	45	Priority 2
MET	MET	MET	MET	MET	MET	46	Priority 3

As stated in section IX, K, 1 and 2, of the Ambulance Performance Standards, 1. "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1016 fine each month." 2. "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in an EOA, in a 4<sup>th</sup> consecutive month, the provider will be charged a \$5000 fine each month thereafter until compliance is met." As a result, attached you will find an invoice for \$7112 for violations found in the following EOA's, in the month of December;

EOA 4	19-Dec	1	Metro
EOA 8	19-Dec	1	Metro
EOA 8	19-Dec	2	Urban

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for the following;

EOA 4	19-Dec	6	Metro
EOA 4	19-Dec	1	BLS
EOA 4	19-Dec	2	BLS
EOA 8	19-Dec	3	Suburban
EOA 11	19-Dec	8	Rural

EMS is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to EMS, no later than February 21st, 2020, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
 EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
 Brynn Carrigan, Assistant Director, Kern County Public Health Department

# 2019 Annual Performance Report Summary for Delano Ambulance Service – EOA 3

## **Operations and Geography**

Delano Ambulance Service is responsible for all ambulance services within exclusive operating area (EOA) number 3. Located at the north end of the County, EOA 3 encompasses an area from the Tulare County line to the north, Woody to the east, Lost Hills Road to the west and Whistler Road to the south. Included within EOA 3 are 10-mile stretches of the Highway 99 and Highway 65, as well as the communities of Delano and McFarland.

Delano Ambulance Service's base of operations in 2019 is located at 403 Main Street, Delano. Delano Ambulance Service runs a fleet including 6 ambulances and employs 17 emergency medical technicians, and paramedics. The owner of Delano Ambulance is Aaron Moses.

## **Sub-contracts**

During 2019, Delano Ambulance Service had an agreement with Hall Ambulance Service, Inc. to allow for the transport of inmates originating from Bakersfield hospitals and return them to North Kern and Kern Valley State Prisons. Additionally, Tulare County will regularly request Delano Ambulance Service to respond into Richgrove, Earlimart, or other parts of southern Tulare County for medical calls and other emergencies. However; these calls are on a mutual aid basis, and a formal contract that requires Delano Ambulance Service to cover parts of Tulare County has not been executed.

## **Compliance**

In 2019 Delano Ambulance Service had the following compliance issues:

In the months of July, August, September and October, Delano ambulance service was found to be out of compliance with the Cardiac Arrest Registry to Enhance Survival (CARES) data reporting mandate approved by this board on May 9<sup>th</sup>.

On November 13<sup>th</sup>, EMS conducted a review of Cardia Arrest calls run in EOA 3 from August 1<sup>st</sup> through November 12<sup>th</sup>. EMS discovered that a large percentage of these calls were out of compliance with county Policy.

Additionally, On November 13<sup>th</sup>, EMS received information that Delano Ambulance Service was not in compliance with the Kern County STEMI Policy, specifically, they were not able to transmit their EKG data to STEMI receiving centers.

In response to each of the reported violations, EMS sent Notices of Non-Compliance mandating that each issue be immediately addressed.

In addition, the following fines were imposed as provided for in the Kern County Ambulance Ordinance:

Delano Ambulance Service received fines totaling = \$1000.00

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

In July Delano Ambulance was found to be out of compliance with response times in EOA 3 in one zone.

In August Delano Ambulance was found to be out of compliance with response times in EOA 3 in one zone.

- EOA 3: 4855 responses; 62 *turned calls*; 107 *mutual aid* calls.

*Mutual aid* occurs when Delano Ambulance Service provides services for another ambulance company outside of the EOA. Delano Ambulance provided 86 *mutual aid* responses to Tulare County. The demand for services in other areas exceeded the capability of the other existing ambulance providers and Delano Ambulance Service provided resources to meet the demand. Further, Delano Ambulance Service provided mutual aid in Bakersfield, Wasco, McFarland, and Shafter on 21 occasions.

A *turned call* occurs when Delano Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2019, Delano Ambulance Service reported 62 *turned calls*. Hall Ambulance Service, Inc. responded to all of the requests. Of the *turned calls* that were reported, Delano Ambulance Service was able to take a number of the calls back completing the calls.

### **Data Reporting**

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Delano Ambulance Service was compliant for all months with data reporting requirements.

### **Complaints/Investigations**

In 2019, there were no formal complaints filed with the Division against Delano Ambulance Service.

### **Community Services**

Delano Ambulance Service reports participation in six (6) community service events for 2019. These events included school events, community events such National Night Out with Delano Police Department and participation in drills. In 2019, Delano Ambulance Service interacted with approximately 7400 people.

### **Dispatch**

Delano Ambulance Service contracts with Hall Ambulance Service, Inc. to provide EMD and dispatch services.

### **Summary**

Delano Ambulance Service had several policy violations in the months of July, August, October and November. These policy violations were discovered as a result of one EMS audit and one resulted from information provided by hospital staff. These issues were rectified shortly after they were brought to the attention of Delano Ambulance Administration.



JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	#	Standard
												1	Priority 1:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	2	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	6	Wilderness
												7	Priority 2:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	8	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	9	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	12	Wilderness
												13	Priority 3:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												19	Priority 4:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	20	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	21	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	22	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	23	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	24	Wilderness
												25	Priority 5:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												31	Priority 6:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	25	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Wilderness
												30	Priority 7:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	25	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Wilderness
												30	Priority 8:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	25	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Wilderness
												30	Priority 9:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	31	Appropriate BLS Use
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	32	Priority 1
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	34	Priority 3

Aaron Moses, Owner  
Delano Ambulance Service  
403 Main St.  
Delano, CA 93215

**NOTICE OF NON-COMPLIANCE EOA 3**

Dear Mr. Moses:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of August, 2019, Delano Ambulance Service is non-compliant with the Kern County *Ambulance Service Performance Standards (1005.00)* for the exclusive operating area (EOA) 3. This failure constitutes a violation of:

- *Ambulance Service Performance Standards IX.G.2.:* "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."

Delano Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Delano	3	August	2	Rural	50.0%	Not Met

As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$1000 for violations found in the following EOA's, in the month of August;

EOA 3, Priority 2, Rural

The Division is requesting immediate action on the part of Delano Ambulance Service to come into compliance with the above stated provisions. Delano Ambulance Service shall, deliver to the Division, no later than October 22nd, 2019, in writing, a plan to cure the above stated violation. Delano Ambulance Service's plan shall be updated on the 1st of every month until the violation is cured. Each update must include any alterations to the plan and any actions taken to bring the EOA into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager



**MATTHEW CONSTANTINE**  
DIRECTOR

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

November 13, 2019

Aaron Moses, Owner  
Delano Ambulance Service  
403 Main St.  
Delano, CA 93215

**NOTICE OF NON-COMPLIANCE C.A.R.E.S. DATA SUBMISSION**

Dear Mr. Moses:

On May 9<sup>th</sup>, 2019, EMCAB mandated that C.A.R.E.S. data become part of the data requirements for Kern County approved providers. Kern County Public Health, Emergency Medical Services (EMS) has identified that Delano Ambulance Service is non-compliant with the C.A.R.E.S. data submission mandate for the months of July, August, September and October 2019.

EMS is requesting immediate action on the part of Delano Ambulance Service to come into compliance with the C.A.R.E.S. Data Submission requirement. Delano Ambulance Service shall comply with all data submission requirements and complete all missing C.A.R.E.S. data submissions no later than Friday, November 22<sup>th</sup>, 2019.

C.A.R.E.S. data submissions are to be completed monthly in order to remain in compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

November 14, 2019

Aaron Moses, Owner  
Delano Ambulance Service  
403 Main St.  
Delano, CA 93215

NOTICE OF NON-COMPLIANCE 12 LEAD ECG TRANSMISSION

Dear Mr. Moses:

On November 13<sup>th</sup>, 2019, Kern County Public Health, Emergency Medical Services (EMS) obtained information that your company was not transmitting the mandatory 12 Lead ECGs to STEMI hospitals. Contact was made with you, a test was conducted, and it was determined that, in fact, your company was not able to transmit the mandatory data.

Page 11, Section A, 2, of the STEMI Policy states “Paramedics will send the 12-Lead report to the E.D., if equipment is capable.”

Page 94, Section 2, c, of the Paramedic Protocols states, “If transporting to a “STEMI Receiving Center” and time permits, electronically transmit the 12 Lead EKG for physician verification.”

EMS is requesting immediate action on the part of Delano Ambulance Service to come into compliance with the STEMI System of Care Policy as well as the Paramedic Protocols. Delano Ambulance Service shall immediately come into compliance with all policies, procedures and protocols. Delano Ambulance Service shall, deliver to EMS, no later than November 22nd, 2019, in writing, an explanation of how you fell out of compliance and a plan to cure the above stated violation.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

Aaron Moses, Owner  
Delano Ambulance Service  
403 Main St.  
Delano, CA 93215

#### NOTICE OF NON-COMPLIANCE WITH DETERMINATION OF DEATH POLICY

Dear Mr. Moses:

On November 13<sup>th</sup>, 2019, Kern County Public Health, Emergency Medical Services (EMS) conducted a random QI review of cardiac arrests run in EOA 3 from August 1<sup>st</sup>, 2019 through November 12<sup>th</sup>, 2019. During our review we discovered the following:

21 total cardiac arrested were dispatched in EOA 3

8 were documented as obtaining ROSC at scene and subsequently transported

1 medical arrest terminated on scene in accordance with policy

1 traumatic arrest terminated on scene with base contact

1 traumatic arrest terminated on scene due to obvious death criteria

And

10 cardiac arrests transported without ROSC and no documentation of mitigating circumstances, in clear violation of the determination of death policy. These cases involve multiple paramedics and therefore it appears to be a company wide issue.

The Determination of Death Policy, #107 in the Paramedic Protocols and #109 in the EMT Protocols, mandates that patients that are over 18 years of age, do not meet obvious death criteria, have been confirmed down less than 10 minutes, have no DNR and show no signs of blunt force trauma, will have 30 minutes of resuscitation. If the patient fails to respond to appropriate life support treatment and no ROSC is achieved all efforts are to be discontinued and the patient is to be left at the scene.

EMS is requesting immediate action on the part of Delano Ambulance Service to come into compliance with the Determination of Death Policy. Delano Ambulance Service shall provide training on the Determination of Death Policy to all paramedics and EMTs under your employ. Delano Ambulance Service shall, deliver to EMS, no later than November 22nd, 2019, in writing, an outline of the training provided along with a roster of those paramedics and EMTs in attendance. Delano Ambulance Service shall immediately come into compliance with all Kern County policies, procedures and protocols.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

# 2019 Annual Performance Report Summary for Liberty Ambulance Service – EOA 6

## Operations and Geography

Progressive Ambulance, Inc., doing business as Liberty Ambulance Service, is responsible for all ambulance services within exclusive operating area (EOA) number 6. Located in the Sierra Nevada Mountains northeast of Bakersfield, EOA 6 encompasses the communities of Kernville, Riverkern, Wofford Heights, Alta Sierra, Lake Isabella, Bodfish, Havilah, Mountain Mesa, Onyx, Weldon, and parts of Walker Basin.

Liberty Ambulance Service headquarters is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. They operate satellite ambulance stations at 11345 Kernville Road, Kernville, and at 3640 Golden Spur Drive, Lake Isabella. Liberty Ambulance Service operates a fleet of 12 ambulances and employs 47 emergency medical technicians and paramedics. In April of 2019, Progressive Ambulance, Inc., was purchased in its entirety by Ridgecrest Regional Hospital. The CEO of Ridgecrest Regional Hospital is Jim Suver, the Director of Emergency Services is Fred Hawkins and the Chief Operating Officer is Erin Cocclione.

## Sub-contracts

None.

## Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance measured to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Liberty Ambulance Service had two months in which one or more response categories were not met in 2019.

Month	Zone	Priority	
January	Wilderness	3	Not Met
December	Metro	1	Not Met

- EOA 6: 3,627 responses; all response compliance standards were met; 0 *turned call*; 19 calls outside of the EOA which were a result of a Mutual Aid request.



*Mutual aid* occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 5 separate instances of *mutual aid* to surrounding operating areas; all of the *mutual aid* responses were out of Kern County. Mountain 99, the road north of Riverkern, travels along the upper Kern River and into remote parts of the Sequoia National Monument. Liberty is the closest ambulance service to cover Mountain 99. Although this area is in Tulare County and technically falls within the response area of a volunteer service in Camp Nelson, the response times from Camp Nelson exceed one hour. Liberty Ambulance Service is also the closest ambulance service for the upper Kern River area. Consequently, Liberty Ambulance Service is called frequently to provide emergency services to that region.

A *turned call* occurs when Liberty Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. Liberty Ambulance Service *turned 2 calls* in 2019.

### **Data Reporting**

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Liberty Ambulance Service has submitted compliance data on time for each month.

### **Complaints/Investigations**

In 2019, there were no formal complaints filed with the EMS Division against Liberty Ambulance Service for EOA 6.

### **Community Services**

Liberty Ambulance Service participated in community events by providing an ambulance coverage for Rodeos, Demos for schools, distributed thanksgiving baskets and provided standby ambulances for football games at Kern Valley High School.

### **Dispatch**

Liberty Ambulance Service does not operate its own dispatch center. Rather, dispatch service is provided by Hall Ambulance Service, Inc.

### **Summary**

Liberty Ambulance Service met the requirements of the ambulance ordinance, ambulance service performance standards, ambulance service agreement, and all other

2019 Ambulance Service Performance Report

Liberty Ambulance Service – EOA 6

Page 3

policies, procedures, and standards in all months except for January and December of 2019. The Response Compliance and Data Reporting sections above outline the areas of non-compliance. Liberty Ambulance Service has corrected the issues outlined in this report. Liberty Ambulance Service received a commendation from EMS for 100% compliance with our Cardiac Arrest Policy.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	#	Standard
												1	Priority 1:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	2	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	6	Wilderness
												7	Priority 2:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	8	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	9	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	12	Wilderness
												13	Priority 3:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
NOT MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												13	Priority 4:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	18	Wilderness
												19	Priority 5:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	20	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	21	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	22	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	23	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	24	Wilderness
												25	Priority 6:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												25	Priority 7:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												25	Priority 8:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	30	Wilderness
												31	Appropriate BLS Use
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	32	Priority 1
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	34	Priority 3



Mr. Peter Brandon, Chief Executive Officer  
Liberty Ambulance Service  
1325 W. Ridgecrest Blvd.  
Ridgecrest, CA 93555

**NOTICE OF NON-COMPLIANCE - EOA 6**

Dear Mr. Brandon:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of January, 2019, Liberty Ambulance Service is non-compliant with County Ordinance, contractual obligations, and County *Ambulance Service Performance Standards* for the exclusive operating area (EOA) 6.

This failure constitutes violations of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *Ambulance Service Performance Standards IX.G.2.*: "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards. All other response priorities will be analyzed each month. Ambulance providers are responsible to maintain response time compliance with all priorities listed in this document."
- *Agreement # 874-2006 Section 3.1.1.*: "Failure by PROVIDER to meet the performance requirements of the AMBULANCE ORDINANCE, or the approved regulations, policies, procedures, standards, and protocols issued by COUNTY that are effective during the term of this AGREEMENT".

Liberty Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Liberty	6	January	3	Wilderness	0.00%	Not Met

The table below shows Liberty Ambulance Service' compliance in all EOAs for the month of January.

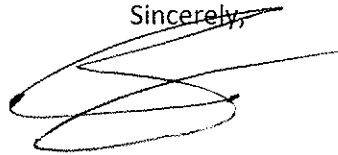
EOA 6	EOA 7	#	Standard	
		1	Priority 1:	
MET	MET	2	Metro	
MET	MET	3	Urban	
MET	MET	4	Suburban	
MET	MET	5	Rural	
MET	MET	6	Wilderness	
		7	Priority 2:	
MET	MET	8	Metro	
MET	MET	9	Urban	
MET	MET	10	Suburban	
MET	MET	11	Rural	
MET	MET	12	Wilderness	
		13	Priority 3:	
MET	MET	14	Metro	
MET	MET	15	Urban	
MET	MET	16	Suburban	
MET	MET	17	Rural	
NOT MET	MET	18	Wilderness	
		19	Priority 4:	
MET	MET	14	Metro	
MET	MET	15	Urban	
MET	MET	16	Suburban	
MET	MET	17	Rural	
MET	MET	18	Wilderness	
		19	Priority 5:	
MET	MET	20	Metro	
MET	MET	21	Urban	
MET	MET	22	Suburban	
MET	MET	23	Rural	
MET	MET	24	Wilderness	
		25	Priority 6:	
MET	MET	26	Metro	
MET	MET	27	Urban	
MET	MET	28	Suburban	
MET	MET	29	Rural	
MET	MET	30	Wilderness	
		31	Priority 7:	
MET	MET	32	Metro	
MET	MET	33	Urban	
MET	MET	34	Suburban	
MET	MET	35	Rural	
MET	MET	36	Wilderness	
		37	Priority 8:	
MET	MET	38	Metro	
MET	MET	39	Urban	
MET	MET	40	Suburban	
MET	MET	41	Rural	
MET	MET	42	Wilderness	
		43	Appropriate BLS Use	
MET	MET	44	Priority 1	
MET	MET	45	Priority 2	
MET	MET	46	Priority 3	
Met	Not Met	Met	Not Met	
x		x		47 Raw Call Data with All Report Fields Submitted Completely and On Time
x		x		48 Turned Call report Submitted Completely and On Time
x		x		49 EMD Activity/QI Report Submitted Completely and On Time
x		x		50 Continuing Education Report Submitted Completely and On Time
x		x		51 Community Service/Education Report Submitted Completely and On Time
x		x		52 Customer Service Tracking Database Report Submitted Completely and On Time

As stated in section IX, D, 2, "The ambulance provider is required to meet the response times in the table below for each zone of the EOA. No zone shall be subject to substandard response time performance. The ambulance provider will take precautions to assure that no zone within the EOA is underserved. It is the responsibility of the ambulance provider to maintain a 90% response time compliance in all priorities listed. In the event that an ambulance provider's response times fall below 90% in any priority, the provider will provide written documentation outlining the cause of the response time issues as well as a plan to correct the issue."

EMS is requesting immediate action on the part of Liberty Ambulance Service to come into compliance with the above stated provisions. Liberty Ambulance Service shall, deliver to EMS, no later than March 21st, 2019, in writing, a plan to cure all of the violations stated above. Liberty Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jeff Fariss', written over a horizontal line.

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department

Ms. Erin Cocciolone, Operations Manager  
Liberty Ambulance Service  
1325 W. Ridgecrest Blvd.  
Ridgecrest, CA 93555

**NOTICE OF NON-COMPLIANCE - EOA 6**

Dear Ms. Cocciolone:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of December 2019, Liberty Ambulance Service is non-compliant with County Ordinance, contractual obligations, and County *Ambulance Service Performance Standards* for the exclusive operating area (EOA) 6.

This failure constitutes violations of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *Ambulance Service Performance Standards IX.G.2.:* "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards. All other response priorities will be analyzed each month. Ambulance providers are responsible to maintain response time compliance with all priorities listed in this document."
- *Agreement # 874-2006 Section 3.1.1:* "Failure by PROVIDER to meet the performance requirements of the AMBULANCE ORDINANCE, or the approved regulations, policies, procedures, standards, and protocols issued by COUNTY that are effective during the term of this AGREEMENT".

Liberty Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Liberty	6	Dec-20	1	Metro	89.2%	Not Met





As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$1016 for violations found in EOA 6, in the month of December;

EOA 6, Priority 1, Metro,

EMS is requesting immediate action on the part of Liberty Ambulance Service to come into compliance with the above stated provisions. Liberty Ambulance Service shall, deliver to EMS, no later than February 21st, 2020, in writing, a plan to cure all of the violations stated above. Liberty Ambulance Service's plan shall be updated on the 1st of every month until all violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA into compliance.

Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department



**MATTHEW CONSTANTINE**  
DIRECTOR

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

November 18, 2019

Ms. Erin Cocciolone, Operations Manager  
Liberty Ambulance Service  
1325 W. Ridgecrest Blvd.  
Ridgecrest, CA 93555

### **LETTER OF COMMENDATION**

Dear Ms. Cocciolone:

On Thursday, November 14<sup>th</sup>, 2019 the Kern County Public Health, Emergency Medical Services Program (EMS) conducted a random audit of all cardiac arrest calls run by Liberty Ambulance in EOAs 6 and 7 for the time period beginning August 1<sup>st</sup> and ending November 14<sup>th</sup>, 2019. The audit revealed that during that time frame Liberty Ambulance ran 31 cardiac arrests that break down as follows:

22 terminations at scene per policy

7 achieved ROSC in the field and were transported as per policy

1 arrested during transport

And

1 arrest that was under 18 years of age that met obvious death criteria

It appears that all 31 cardiac arrest calls run between August 1<sup>st</sup> and November 14<sup>th</sup> by Liberty Ambulance Service were run according to the Determination of Death Policy.

EMS would like to congratulate you on reaching 100% compliance with this very difficult policy and say thank you for the dedication and hard work of each of your employees.

Sincerely,

Jeff Fariss  
EMS Program Manager

Cc: Matt Constantine, Director, Kern County Public Health Department  
Brynn Carrigan, Assistant Director, Kern County Public Health Department  
Fred Hawkins, Director of Emergency Services, Ridgecrest Regional Medical Center

# 2019 Annual Performance Report Summary for Liberty Ambulance Service – EOA 7

## **Operations and Geography**

Progressive Ambulance, Inc., doing business as Liberty Ambulance Service, is responsible for all ambulance services within exclusive operating area (EOA) number 7. Located in the north east region of the County, EOA 7 encompasses an area in the high desert that includes the communities of Ridgecrest, Inyokern, and Randsburg and a 30 to 40 mile stretch of both Highway 14 and Highway 395. Additionally, there are popular off-road motorcycle recreational areas within EOA 7.

Liberty Ambulance Service's base of operations is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. Liberty Ambulance Service operates a fleet of 12 ambulances and employs 47 emergency medical technicians and paramedics. In April of 2019, Progressive Ambulance, Inc., was purchased in its entirety by Ridgecrest Regional Hospital. The CEO of Ridgecrest Regional Hospital is Jim Suver, the Director of Emergency Services is Fred Hawkins and the Chief Operating Officer is Erin Cocclione.

## **Sub-contracts**

None.

## **Response Compliance**

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance measured to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Liberty Ambulance Service met the response time standards for every category of every month except for October in which they recorded a NOT MET criteria for priority 8 responses in the metro zone. Additionally, Liberty Ambulance recorded a NOT MET criteria for overuse of BLS ambulances for priority 1 responses in December 2018.

- EOA 7: 3,504 responses; all response compliance standards were met; 22 *turned calls*; 207 *mutual aid* calls.

*Mutual aid* occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 247 separate instances of *mutual aid* to surrounding areas. All but two (2) were to areas outside of the County. The towns of Trona and Red Mountain are in San Bernardino County, but Liberty Ambulance Service is the closest ambulance resource to these communities. Liberty Ambulance Service routinely responds to Inyo County for services along Highway 395 and Death Valley National Park. It is not uncommon for Liberty

Ambulance Service to also respond into the Kennedy Meadow area of Tulare County. There were multiple instances of *mutual aid* response to China Lake Naval Air Weapons Station. China Lake operates their own ambulance service; however, when the demand for services exceeds available resources, Liberty Ambulance Service responds onto the base.

A *turned call* occurs when Liberty Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. Liberty Ambulance Service reported 22 *turned calls* for 2019. This indicates that Liberty Ambulance Service is providing sufficient resources to adequately serve EOA 7, without reliance upon other companies. Of the 22 *turned calls* that were reported 19 were given to Hall Ambulance Service as a result of the July earthquakes. The remaining 3 were given to China Lake Naval Weapons Station. Liberty Ambulance Service and China Lake Naval Weapons Station have an excellent relationship with one another, and often train with one another.

### **Data Reporting**

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Liberty Ambulance Service was compliant with data reporting elements in all months.

### **Complaints/Investigations**

In 2019, there were no formal complaints filed with EMS on Liberty Ambulance Service for EOA 7.

### **Community Services**

Liberty Ambulance Service participated in community service events. Public education events were done at Ridgecrest Hospital and the Kerr Mcgee Center. Liberty provided standby services for various events including shelter support at the Kerr McGee center, Ridgecrest Autism Awareness, health fairs and political events.

### **Dispatch**

Liberty Ambulance Service does not operate its own dispatch center. Rather, has contracted it's dispatching with Hall Ambulance Service, Inc.

### **Summary**

Liberty Ambulance Service met all of the requirements of the ambulance ordinance, ambulance service performance standards, ambulance service agreement, emergency medical dispatch standards, and all other policies, procedures, and standards in 2019. They received a commendation from EMS for 100% compliance with our Cardiac Arrest Policy.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	#	Standard
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		1	Priority 1:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		2	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		4	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		5	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		6	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		7	Priority 2:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		8	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		9	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		10	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		11	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		12	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		13	Priority 3:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		18	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		13	Priority 4:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		17	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		18	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		19	Priority 5:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		20	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		21	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		22	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		23	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		24	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		25	Priority 6:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		30	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		25	Priority 7:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		30	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		25	Priority 8:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		26	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		27	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		28	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		29	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		30	Wilderness
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		31	Appropriate BLS Use
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		32	Priority 1
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET		34	Priority 3

## X. New Business

### c. Annual EMS Systems Report for 2019

# EMS System Annual Report 2019



## Kern County Emergency Medical Services Program

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1800 Mount Vernon Ave  
Bakersfield, CA 93306  
Tel: 661-321-3000  
Website: <https://www.kernpublichealth.com>  
Email: [publichealth@kerncounty.com](mailto:publichealth@kerncounty.com)

# 2019 HIGHLIGHTS

3. A Message From Our EMS Manager
4. Our Mission and Services
5. Our EMS System
6. Kern County Call Volume Increase
7. Kern County STEMI Treatment and Times
8. Kern County Notification and Times
9. Core Measures
10. Ambulance Patient Offload Times (APOT-1)
11. Ambulance Patient Offload Times (APOT-2)
12. Special Events in Kern County
13. Ridgecrest Earthquake
14. Mental Health Symposium
15. EMS Expanding
16. Community Outreach





Since its inception, the Kern County Emergency Medical Services Program's mission has been to assure the safety and health of all Kern County residents. Our aim is to provide the best care possible for every patient by working collaboratively with public safety agencies, BLS and ALS providers, hospitals, educational partners, and our community members.

Our team recognizes that, like all areas of health care, pre-hospital emergency medicine is a constantly changing industry. In 2019, we continued the work we began in 2018. We created new protocols and procedures to assist our field providers, further developed our capacity for vigorous quality improvement, and forged stronger partnerships with all EMS stakeholders to provide life-saving educational campaigns for our communities. We purchased an emergency response vehicle to provide assurance to our stakeholders and the community that EMS can respond and provide leadership in any situation.

But we know our work doesn't end there. We continually strive to improve our responses, treatments, transports, and emergency preparedness capabilities in an effort to improve patient outcomes. We already have several changes and opportunities planned for 2020 and are excited about the changes ahead.

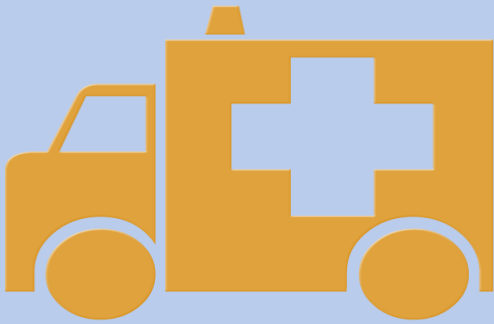
We truly feel privileged to be a part of all Kern County communities. Thank you for your support and we look forward to assuring that you received the best care possible.

Sincerely,

Jeff Fariss, EMS Program Manager

# OUR MISSION

To assure the safety and health of Kern County residents by setting and enforcing standards



- 1 EMS provides training, outreach, and education to improve quality improvement in emergency medical services care
- 2 Implement a system of services to provide rapid response to serious medical emergencies, including immediate medical care and transport.
- 3 Implement policies and procedures to better suit the safety and health of the residents in Kern County.

**Our services provide rapid response to and medical care for serious medical emergencies. These include:**



**Public safety dispatch**



**Fire, private ambulance, and law enforcement services**



**Hospitals and specialty care centers**

# OUR SERVICES



Emergency Medical Services is more than just an ambulance trip to the hospital. EMS is a highly collaborative system that connects public health, public safety, and health care. We partner with multiple agencies to ensure our communities receive the best emergency medical care possible. We also provide training for our providers and participate in citizen and medical advisory groups to make sure our system is responding to our communities' needs.

# OUR EMS SYSTEM

## OVERVIEW

Kern County is situated at the southern end of the California Central Valley. The county covers over 8,000 square miles of mountainous areas, high desert, and the valley floor. The largest city within the county is Bakersfield. Here is a brief



Population: **900202**



Emergency Receiving Centers: **10**



EMS Practitioners: **2285**



EMS Provider Agencies: **13**



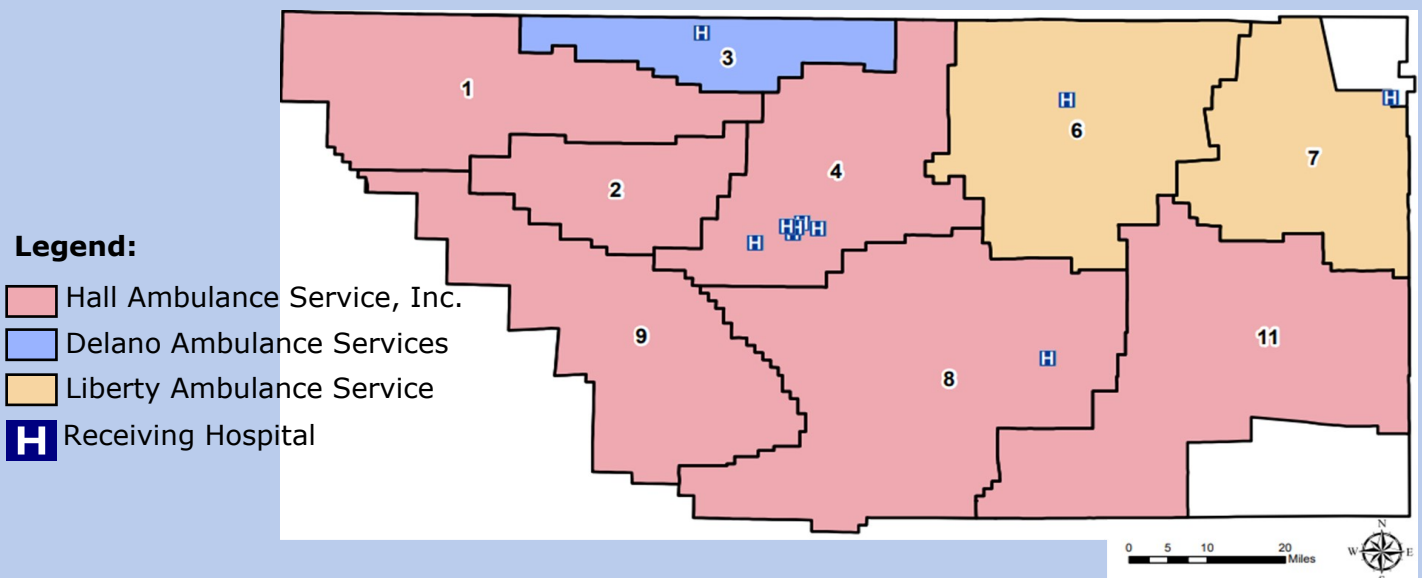
Kern County EMS Employees: **7**



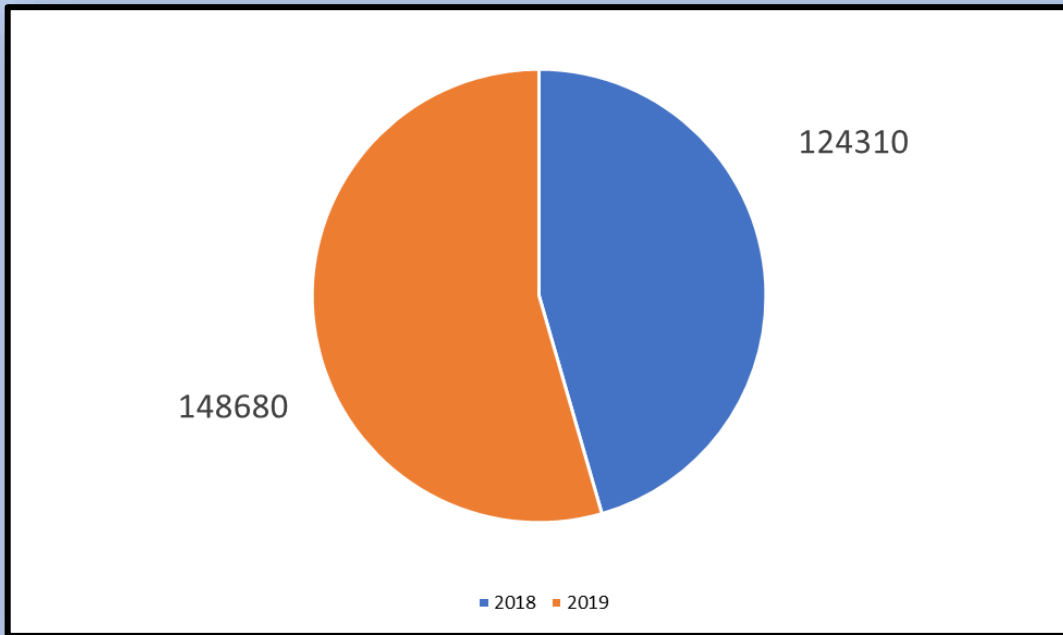
Training Programs: **28**

## EMS PLAN

Every year, local EMS agencies submit their EMS plans to the State EMS Agency for approval. We are pleased to announce that our second submitted EMS plan was approved. Here is a map of our current ambulance exclusive operating areas (EOAs) and receiving hospitals:

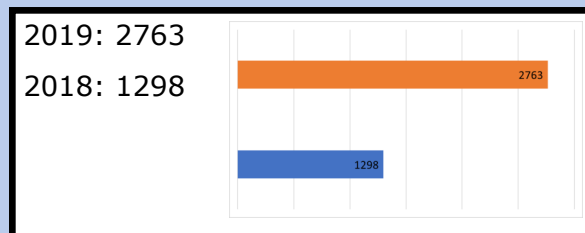


# Call Volume Increase

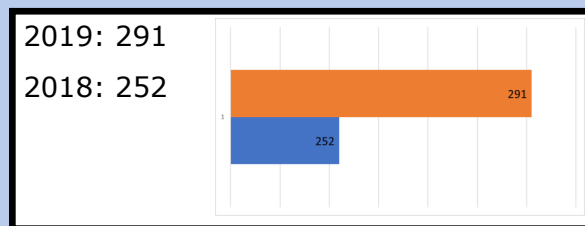


The call volume in Kern County has increased by 19.6% from 2018 to 2019.

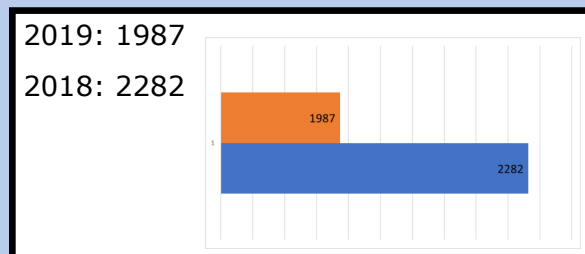
## STEMI/ Angina



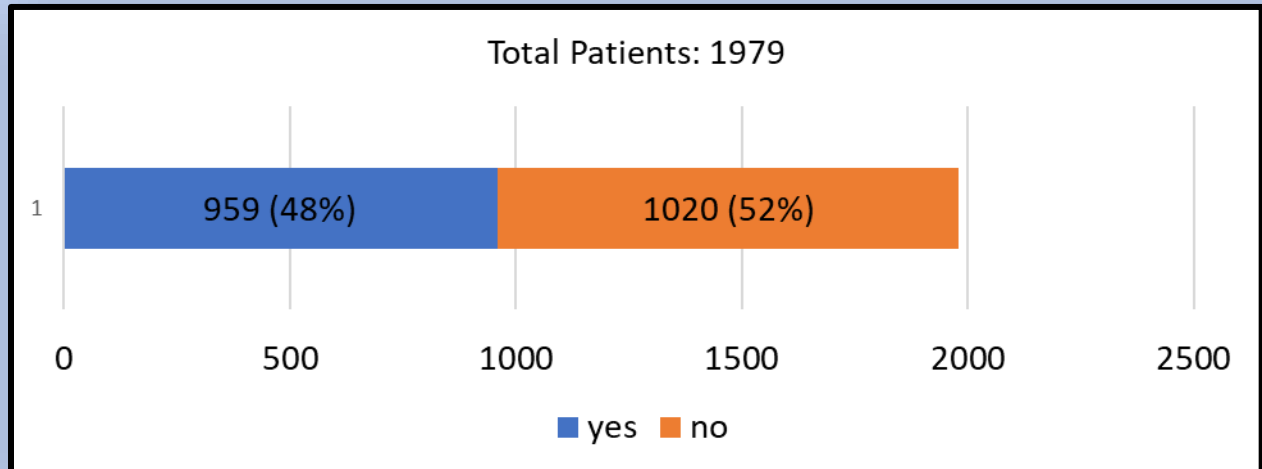
## Burns



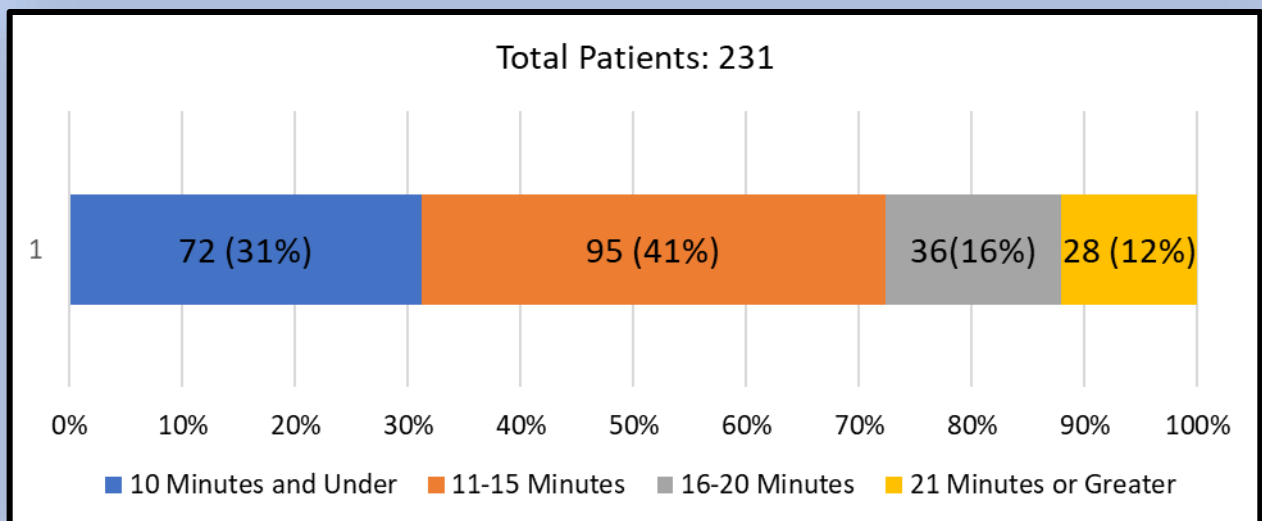
## Stroke



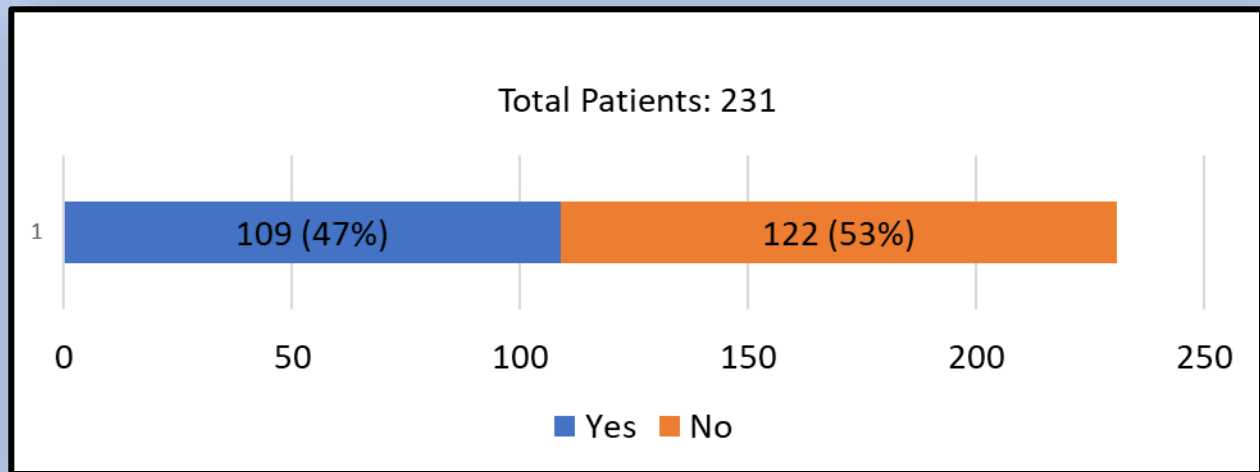
# Aspirin Administration FOR Chest Pain



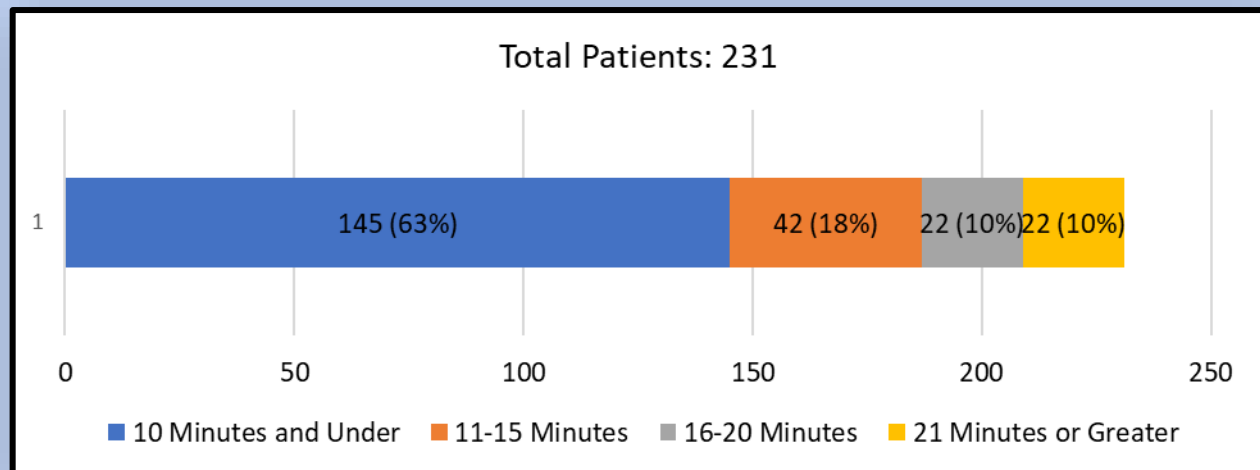
# On Scene Time for STEMI Patients



# Advanced Hospital Notification



# Time to EKG from first Patient Contact



# Core Measures

Each local EMS authority is responsible for collecting, analyzing, and reporting a set of standardized performance measures to the State EMS Authority. According to the California Emergency Medical Services Authority:

*"The preliminary Core Measures are derived largely from a set of quality indicators developed through a project by the National Quality Forum. These core measures will begin to benchmark the performance of EMS systems, perform recommended treatments determined to get the best results for patients with certain medical conditions, transport patients to the most appropriate hospital....The measures are based on scientific evidence about processes and treatments that are known to get the best result for a condition or illness. Core Measures help emergency medical services systems improve the quality of patient care by focusing on the actual results of care."*

Measure ID	Population	Reporting Value	Measure Description
TRA-2	1192	93%	Percent of trauma patients transported to trauma center
ACS-1	1979	52%	Aspirin administration for chest pain of suspected cardiac origin
ACS-4	235	47%	Percent of times hospital receives pre-alert for STEMI patients
HYP-1	2530	64%	Treatment administered for hypoglycemia
STR-1	1475	91%	Prehospital screening for suspected stroke patients
STR-2	1475	90%	Glucose testing for suspected stroke patients
STR-4	1475	36%	Percent of times hospital receives pre-alert for stroke patients
PED-3	723	74%	Respiratory assessment for pediatric patients in respiratory distress
RST-4	157692	97%	Requests for services that include a lights and/or sirens response
RST-5	87434	46%	Requests for services that include a lights and/or sirens transport

# Ambulance Patient Offload Times (APOT-1)

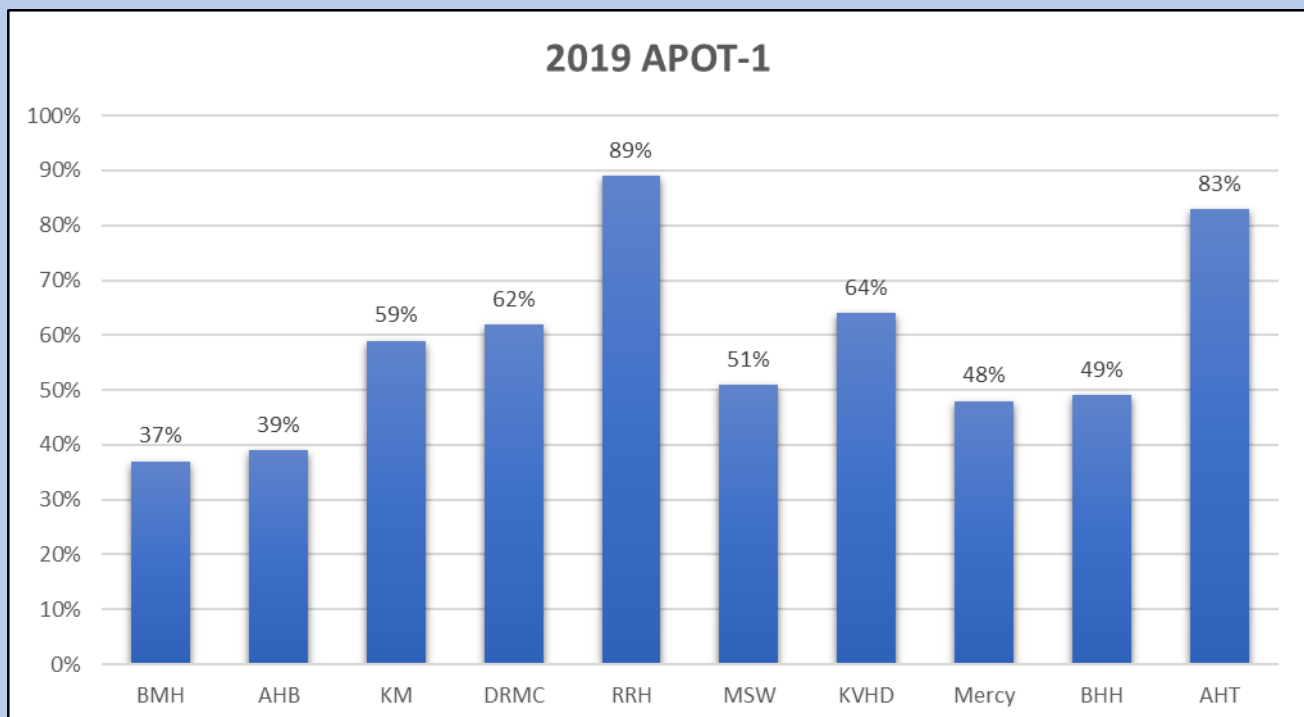
Ambulance patient offload time (APOT) is the elapsed time between the moment an ambulance arrives at a hospital and when patient care is transferred to hospital staff. The expectation is that 90 percent of the time patient care is transferred to hospital staff within 20 minutes.

In 2016, California Emergency Medical Services Authority approved legislation that required each local EMS agency to calculate and report APOT for each designated base hospital in their jurisdiction with the hopes that quality improvement could decrease these times<sup>2</sup>.

The following is a summary of each Kern County designated base hospital and their APOT in 2019.

**Our Goal: 90%** of the time, patients should be offloaded within 20 minutes of arrival.

On average, patients were offloaded within 20 minutes only **58%** of the time.





# Ambulance Patient Offload Times (APOT-2)

The following is a summary of APOT-2 criteria for each hospital in 2019:

Hospital	2.1	2.2	2.3	2.4	2.5	Total Transports
	%	%	%	%	%	
Adventist Health Bakersfield	34	56	9	1	0	21305
Bakersfield Memorial Hospital	37	51	9	2	1	19547
Kern Medical	59	40	1	0	0	12889
Mercy Downtown	48	48	4	0	0	7355
Mercy Southwest	51	43	5	1	0	7061
Delano Regional Medical Center	62	35	3	0	0	3174
Bakersfield Heart Hospital	49	43	5	1	1	3114
Ridgecrest Regional	89	10	1	0	0	2055
Adventist Health Tehachapi	83	16	1	0	0	1931
Kern Valley Hospital	64	33	2	0	0	1492

2.1: Defined by an offload time  $\leq 20$  min

2.2: Defined by an offload time of 21-60 min

2.3: Defined by an offload time of 61-120 min

2.4: Defined by an offload time of 121-180 min

2.5: Defined by an offload time of  $> 180$  min

# Special Events

## OVERVIEW

In 2019, kern County held multiple events with attendances reaching past 18,000. Kern County EMS recognized the need for a special event policy to maintain a safe and secure atmosphere for future events.

### Lightning in a Bottle

Lightning in a Bottle was a 5 day music and arts festival that was held at the Buena Vista Campgrounds. Over 18,000 attendees came from around the world to participate in this visually stimulating and artistically creative event.

- Over 18,000 attendees
- 5 EMS Coordinators working around the clock during the 5 day event
- 900 people treated at the event with 6 transports

### Wasteland Weekend

Wasteland weekend was a five day event that occurred in desert of California City. The event promotes a post-apocalyptic full emersion experience Based off the movie "Mad Max". The event is known to have multiple displays of fire, mock hand to hand combat, and high speed rat race.

- 4000 attendees
- 2 EMS Coordinators worked the event
- 200 people treated at the event with 5 transports

# Ridgecrest Earthquake

## OVERVIEW

On July 4<sup>th</sup> 2019 the township of Ridgecrest was struck by a 6.4 magnitude earthquake at approximately 1000. This event called for the immediate response action of the Kern County EMS Program. Kern County EMS activated the Department Operation Center (DOC) and implemented actions to facilitate with the successful evacuation of Ridgecrest Regional Hospital. The implemented actions had to be repeated as the 7.1 magnitude earthquake struck

## IMPACT

- Structural damage to Ridgecrest Regional Hospital
- Multiple injuries reported in the city of Ridgecrest
- Road damage and rock slides reported to main roads leading to limited access to the city of Ridgecrest

## Response

- First Strike Team was requested and responded within the appropriate time as outlined in the ambulance strike team manual.
- Second Strike Team was requested and directed for rescuer fatigue relief
- 22 patients were transported to other general acute facilities
- Support local shelter with MRCS with medical equipment and staffing
- Provide mental health services to both citizens and first responders through the mutual aid system.

# Mental Health Symposium

## HIGHLIGHTS

The mental health symposium was an event held to bring awareness and combat PTSD in first responders. The event comprised 4 guest speakers including; a SDFD Ben Vernon who was stabbed multiple times while on duty. Mr. Vernon shared his recovery and dealing with PTSD.

- 300 attendees of various entities attended the event
- The event was organized through a committee of Kern County stakeholders- Bakersfield College, Ridgecrest Regional, ProSafety, KCFD, Kern County Behavioral Health
- Over 30 attendees sought out initial counseling provided by Kern Behavioral Health
- Continuing education credits were issued.



The event was a huge success and was received very well by Police, Fire, Probation, Paramedics, EMT's, Nurses



# EMS Expanding

Through out 2019, Kern County EMS expanded its program by adding 2 additional EMS Coordinators to help assist in the workload and responsibilities that EMS is in charge of. Kern County EMS also saw the need to have its own response vehicle to better serve it's community.

1

Chris Parks was hired on April 29th 2019. He comes to the department bringing 15 years of experience in the medical field. Chris was given the responsibility to handle STEMI and Burn policies and will assist in enforcement.



2

Andrew Mattas was hired on July 29th 2019. He comes to the department bringing 15 years of experience in the medical field. Andrew was given the responsibility to handle Pediatrics and Training.



3

Kern County EMS purchased a new Duty Officer Vehicle equipped with ALS gear.



# COMMUNITY OUTREACH

## OVERVIEW

Sometimes, medical emergencies happen when you least expect them. However, there are things you can learn today to help prepare you for these situations: Hands-Only CPR and Stop the Bleed. These are national campaigns that teach life-saving skills to citizens when they are most needed. Our goal is to teach each and every community member these skills so you can help create healthier, more prepared communities.

### Hands-Only CPR

This is CPR without the mouth-to-mouth contact. It is used on people who suddenly collapse in an out-of-hospital setting when it takes almost 9 minutes for EMS to respond.

**544 Individuals trained in hands only CPR**

### Stop the Bleed

This program teaches community members how to identify life-threatening bleeding and basic ways to control it before EMS arrives.

**310 Individuals trained to Stop the Bleed**

### START Triage

Kern County EMS trained over 50 medical staff at various Prisons on how to properly triage multiple patients

### Narcan Training

Kern County EMS trained KCSO on the proper administration of Narcan during the multiple special events in 2019.

# Thank You to Our Providers

Adventist Health Bakersfield  
Adventist Health Tehachapi  
Bakersfield Heart Hospital  
Bakersfield Memorial Hospital  
Delano Regional Medical Center  
Kern Medical  
Kern Valley Healthcare District  
Mercy Hospital  
Mercy Southwest Hospital  
Ridgecrest Regional Hospital  
Pro Safety

Bakersfield City Fire Department  
California City Fire  
China Lake Naval Weapons Station  
Delano Ambulance Service  
Edwards Air Force Base  
Hall Ambulance Services, Inc  
Kern County Fire Department  
Kern County Sheriff Office  
Liberty Ambulance Service  
Mercy Air Service  
US Borax  
Trinity Safety

## Kern County Emergency Medical Services Program



KERN COUNTY  
Public Health Services  
DEPARTMENT

1800 Mount Vernon Ave

Bakersfield, CA 93306

Tel: 661-321-3000

Website: <https://www.kernpublichealth.com>

Email: [publichealth@kerncounty.com](mailto:publichealth@kerncounty.com)

## X. New Business

### d. Quarterly Compliance Report



## EMS Division Staff Report for EMCAB- August 13, 2020

### **Quarterly Compliance**

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

The next 10 pages will show the response time compliance for each EOA, and Zone for the 1<sup>st</sup> quarter of 2020.

IT IS RECOMMENDED, the Board receive and file the quarter 1, 2020 response compliance.

# EOA 1 – Wasco/Lost Hills – Hall Ambulance Service

JANUARY	FEBRUARY	MARCH	#	Standard
			1	<b>Priority 1:</b>
MET	MET	MET	2	Metro
MET	NOT MET	MET	3	Urban
MET	NOT MET	MET	4	Suburban
MET	MET	MET	5	Rural
MET	MET	MET	6	Wilderness
			7	<b>Priority 2:</b>
MET	MET	MET	8	Metro
MET	MET	MET	9	Urban
MET	MET	MET	10	Suburban
MET	MET	MET	11	Rural
MET	MET	MET	12	Wilderness
			13	<b>Priority 3:</b>
MET	MET	MET	14	Metro
MET	NOT MET	MET	15	Urban
MET	MET	NOT MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			13	<b>Priority 4:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			19	<b>Priority 5:</b>
MET	MET	MET	20	Metro
MET	MET	MET	21	Urban
MET	MET	MET	22	Suburban
MET	MET	MET	23	Rural
MET	MET	MET	24	Wilderness
			25	<b>Priority 6:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 7:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 8:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			31	<b>Appropriate BLS Use</b>
MET	MET	MET	32	Priority 1
MET	MET	MET	33	Priority 2
MET	MET	MET	34	Priority 3

## EOA 2 – Shafter – Hall Ambulance Service

JANUARY	FEBRUARY	MARCH	#	Standard
			1	<b>Priority 1:</b>
MET	MET	MET	2	Metro
MET	MET	NOT MET	3	Urban
NOT MET	MET	MET	4	Suburban
MET	MET	MET	5	Rural
MET	MET	MET	6	Wilderness
			7	<b>Priority 2:</b>
MET	MET	MET	8	Metro
MET	MET	MET	9	Urban
MET	MET	NOT MET	10	Suburban
MET	MET	MET	11	Rural
MET	MET	MET	12	Wilderness
			13	<b>Priority 3:</b>
MET	MET	NOT MET	14	Metro
NOT MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			13	<b>Priority 4:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			19	<b>Priority 5:</b>
MET	MET	MET	20	Metro
MET	MET	MET	21	Urban
MET	MET	MET	22	Suburban
MET	MET	MET	23	Rural
MET	MET	MET	24	Wilderness
			25	<b>Priority 6:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 7:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 8:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			31	<b>Appropriate BLS Use</b>
MET	MET	MET	32	Priority 1
MET	MET	MET	33	Priority 2

## EOA 3 – Delano – Delano Ambulance Service

JANUARY	FEBRUARY	MARCH	#	Standard
			1	<b>Priority 1:</b>
MET	MET	MET	2	Metro
MET	MET	MET	3	Urban
MET	MET	MET	4	Suburban
MET	MET	MET	5	Rural
MET	MET	MET	6	Wilderness
			7	<b>Priority 2:</b>
MET	MET	MET	8	Metro
MET	MET	MET	9	Urban
MET	MET	MET	10	Suburban
MET	MET	MET	11	Rural
MET	MET	MET	12	Wilderness
			13	<b>Priority 3:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			13	<b>Priority 4:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			19	<b>Priority 5:</b>
MET	MET	MET	20	Metro
MET	MET	MET	21	Urban
MET	MET	MET	22	Suburban
MET	MET	MET	23	Rural
MET	MET	MET	24	Wilderness
			25	<b>Priority 6:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 7:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 8:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			31	<b>Appropriate BLS Use</b>
MET	MET	MET	32	Priority 1
MET	MET	MET	33	Priority 2
MET	MET	MET	34	Priority 3

## EOA 4 – Bakersfield – Hall Ambulance Service

JANUARY	FEBRUARY	MARCH	#	Standard
			1	<b>Priority 1:</b>
<b>NOT MET</b>	<b>NOT MET</b>	<b>NOT MET</b>	2	Metro
MET	MET	<b>NOT MET</b>	3	Urban
MET	MET	MET	4	Suburban
MET	MET	<b>NOT MET</b>	5	Rural
MET	MET	MET	6	Wilderness
			7	<b>Priority 2:</b>
MET	MET	MET	8	Metro
<b>NOT MET</b>	<b>NOT MET</b>	MET	9	Urban
MET	MET	MET	10	Suburban
MET	<b>NOT MET</b>	MET	11	Rural
MET	MET	MET	12	Wilderness
			13	<b>Priority 3:</b>
MET	MET	MET	14	Metro
MET	MET	<b>NOT MET</b>	15	Urban
MET	MET	MET	16	Suburban
MET	<b>NOT MET</b>	MET	17	Rural
MET	MET	MET	18	Wilderness
			13	<b>Priority 4:</b>
MET	MET	<b>NOT MET</b>	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			19	<b>Priority 5:</b>
<b>NOT MET</b>	MET	MET	20	Metro
MET	MET	MET	21	Urban
MET	MET	MET	22	Suburban
MET	MET	MET	23	Rural
MET	MET	MET	24	Wilderness
			25	<b>Priority 6:</b>
<b>NOT MET</b>	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 7:</b>
MET	MET	<b>NOT MET</b>	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 8:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			31	<b>Appropriate BLS Use</b>
MET	MET	<b>NOT MET</b>	32	Priority 1
MET	MET	MET	33	Priority 2
MET	MET	MET	34	Priority 3

## EOA 6 – Lake Isabella – Liberty Ambulance Service

JANUARY	FEBRUARY	MARCH	#	Standard
			1	<b>Priority 1:</b>
MET	MET	MET	2	Metro
MET	MET	MET	3	Urban
MET	MET	MET	4	Suburban
MET	MET	MET	5	Rural
MET	MET	MET	6	Wilderness
			7	<b>Priority 2:</b>
MET	MET	MET	8	Metro
MET	MET	MET	9	Urban
MET	MET	MET	10	Suburban
MET	MET	MET	11	Rural
MET	MET	NOT MET	12	Wilderness
			13	<b>Priority 3:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			13	<b>Priority 4:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			19	<b>Priority 5:</b>
MET	MET	MET	20	Metro
MET	MET	MET	21	Urban
MET	MET	MET	22	Suburban
MET	MET	MET	23	Rural
MET	MET	MET	24	Wilderness
			25	<b>Priority 6:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 7:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 8:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			31	<b>Appropriate BLS Use</b>
MET	MET	MET	32	Priority 1
MET	MET	MET	33	Priority 2
MET	MET	MET	34	Priority 3

## EOA 7 – Ridgecrest – Liberty Ambulance Service

JANUARY	FEBRUARY	MARCH	#	Standard
			1	<b>Priority 1:</b>
MET	MET	MET	2	Metro
MET	MET	MET	3	Urban
MET	MET	MET	4	Suburban
MET	MET	MET	5	Rural
MET	MET	MET	6	Wilderness
			7	<b>Priority 2:</b>
MET	MET	MET	8	Metro
MET	MET	MET	9	Urban
MET	MET	MET	10	Suburban
MET	MET	MET	11	Rural
MET	MET	MET	12	Wilderness
			13	<b>Priority 3:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			13	<b>Priority 4:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			19	<b>Priority 5:</b>
MET	MET	MET	20	Metro
MET	MET	MET	21	Urban
MET	MET	MET	22	Suburban
MET	MET	MET	23	Rural
MET	MET	MET	24	Wilderness
			25	<b>Priority 6:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 7:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 8:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			31	<b>Appropriate BLS Use</b>
MET	MET	MET	32	Priority 1
MET	MET	MET	33	Priority 2
MET	MET	MET	34	Priority 3

## EOA 8 – Arvin, Lamont, Tehachapi, Lebec, Frazier Park, Pine Mountain Club – Hall Ambulance Service

JANUARY	FEBRUARY	MARCH	#	Standard
			1	<b>Priority 1:</b>
<b>NOT MET</b>	<b>NOT MET</b>	<b>MET</b>	2	Metro
<b>MET</b>	<b>MET</b>	<b>MET</b>	3	Urban
<b>MET</b>	<b>MET</b>	<b>MET</b>	4	Suburban
<b>MET</b>	<b>MET</b>	<b>MET</b>	5	Rural
<b>MET</b>	<b>MET</b>	<b>MET</b>	6	Wilderness
			7	<b>Priority 2:</b>
<b>MET</b>	<b>NOT MET</b>	<b>MET</b>	8	Metro
<b>MET</b>	<b>MET</b>	<b>NOT MET</b>	9	Urban
<b>MET</b>	<b>MET</b>	<b>MET</b>	10	Suburban
<b>MET</b>	<b>MET</b>	<b>MET</b>	11	Rural
<b>MET</b>	<b>MET</b>	<b>MET</b>	12	Wilderness
			13	<b>Priority 3:</b>
<b>MET</b>	<b>MET</b>	<b>NOT MET</b>	14	Metro
<b>MET</b>	<b>MET</b>	<b>MET</b>	15	Urban
<b>MET</b>	<b>MET</b>	<b>MET</b>	16	Suburban
<b>MET</b>	<b>MET</b>	<b>MET</b>	17	Rural
<b>MET</b>	<b>MET</b>	<b>MET</b>	18	Wilderness
			13	<b>Priority 4:</b>
<b>MET</b>	<b>MET</b>	<b>MET</b>	14	Metro
<b>MET</b>	<b>MET</b>	<b>MET</b>	15	Urban
<b>MET</b>	<b>MET</b>	<b>MET</b>	16	Suburban
<b>MET</b>	<b>MET</b>	<b>MET</b>	17	Rural
<b>MET</b>	<b>MET</b>	<b>MET</b>	18	Wilderness
			19	<b>Priority 5:</b>
<b>MET</b>	<b>MET</b>	<b>MET</b>	20	Metro
<b>MET</b>	<b>MET</b>	<b>MET</b>	21	Urban
<b>MET</b>	<b>MET</b>	<b>MET</b>	22	Suburban
<b>MET</b>	<b>MET</b>	<b>MET</b>	23	Rural
<b>MET</b>	<b>MET</b>	<b>MET</b>	24	Wilderness
			25	<b>Priority 6:</b>
<b>MET</b>	<b>MET</b>	<b>MET</b>	26	Metro
<b>MET</b>	<b>MET</b>	<b>MET</b>	27	Urban
<b>MET</b>	<b>MET</b>	<b>MET</b>	28	Suburban
<b>MET</b>	<b>MET</b>	<b>MET</b>	29	Rural
<b>MET</b>	<b>MET</b>	<b>MET</b>	30	Wilderness
			25	<b>Priority 7:</b>
<b>MET</b>	<b>MET</b>	<b>MET</b>	26	Metro
<b>MET</b>	<b>MET</b>	<b>MET</b>	27	Urban
<b>MET</b>	<b>MET</b>	<b>MET</b>	28	Suburban
<b>MET</b>	<b>MET</b>	<b>MET</b>	29	Rural
<b>MET</b>	<b>MET</b>	<b>MET</b>	30	Wilderness
			25	<b>Priority 8:</b>
<b>MET</b>	<b>MET</b>	<b>MET</b>	26	Metro
<b>MET</b>	<b>MET</b>	<b>MET</b>	27	Urban
<b>MET</b>	<b>MET</b>	<b>MET</b>	28	Suburban
<b>MET</b>	<b>MET</b>	<b>MET</b>	29	Rural
<b>MET</b>	<b>MET</b>	<b>MET</b>	30	Wilderness
			31	<b>Appropriate BLS Use</b>
<b>MET</b>	<b>MET</b>	<b>MET</b>	32	Priority 1
<b>MET</b>	<b>MET</b>	<b>MET</b>	33	Priority 2
<b>MET</b>	<b>MET</b>	<b>MET</b>	34	Priority 3



# EOA 9 – McKittrick, Taft, Maricopa – Hall Ambulance Service

JANUARY	FEBRUARY	MARCH	#	Standard
			1	<b>Priority 1:</b>
MET	MET	NOT MET	2	Metro
MET	MET	MET	3	Urban
MET	MET	MET	4	Suburban
MET	MET	MET	5	Rural
MET	MET	MET	6	Wilderness
			7	<b>Priority 2:</b>
MET	MET	MET	8	Metro
MET	MET	MET	9	Urban
NOT MET	MET	MET	10	Suburban
MET	MET	MET	11	Rural
MET	MET	MET	12	Wilderness
			13	<b>Priority 3:</b>
MET	MET	MET	14	Metro
NOT MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			13	<b>Priority 4:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			19	<b>Priority 5:</b>
MET	MET	MET	20	Metro
MET	MET	MET	21	Urban
MET	MET	MET	22	Suburban
MET	MET	MET	23	Rural
MET	MET	MET	24	Wilderness
			25	<b>Priority 6:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 7:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 8:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			31	<b>Appropriate BLS Use</b>
MET	MET	MET	32	Priority 1
MET	MET	MET	33	Priority 2
MET	MET	MET	34	Priority 3

# EOA 11 – Mojave, Cal City, Boron, Rosamond – Hall Ambulance Service

JANUARY	FEBRUARY	MARCH	#	Standard
			1	<b>Priority 1:</b>
MET	MET	MET	2	Metro
MET	MET	MET	3	Urban
MET	MET	MET	4	Suburban
MET	MET	MET	5	Rural
MET	MET	MET	6	Wilderness
			7	<b>Priority 2:</b>
MET	MET	MET	8	Metro
MET	MET	MET	9	Urban
MET	MET	MET	10	Suburban
MET	MET	MET	11	Rural
MET	MET	MET	12	Wilderness
			13	<b>Priority 3:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	NOT MET	NOT MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			13	<b>Priority 4:</b>
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			19	<b>Priority 5:</b>
MET	MET	MET	20	Metro
MET	MET	MET	21	Urban
MET	MET	MET	22	Suburban
MET	MET	MET	23	Rural
MET	MET	MET	24	Wilderness
			25	<b>Priority 6:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 7:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			25	<b>Priority 8:</b>
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			31	<b>Appropriate BLS Use</b>
MET	MET	MET	32	Priority 1
MET	MET	MET	33	Priority 2
MET	MET	MET	34	Priority 3

X. New Business  
e. ePCR Policy Update

## EMS Division Staff Report for EMCAB- August 13, 2020

### **Proposed Revisions to Electronic Patient Care Record (ePCR) Policy**

#### **Background**

On January 5, 2016 the California Emergency Medical Services Authority (EMSA) implemented statutes & regulations related to patient care data collection for emergency medical services throughout the state. AB 1129, became effective January 1, 2016, and requires, among other provisions, that each emergency medical care provider use an electronic health record; and the electronic record must be compliant with the current version of the National Emergency Medical Services Information System (NEMSIS) and the California Emergency Medical Services Information System (CEMSIS.) The deadline for implementation of AB 1129 was January 1, 2017. The ePCR policy provides direction for the collection, completion, and submission of data as well as identifies the specified elements mandated by the County of Kern, State of California, and Federal Government. The Kern County ePCR policy was revised to better align with the new mandate. The revised policy was opened for public comment on November 4, 2016, and closed on December 4<sup>th</sup>, 2016, with no comments being submitted. The proposed revisions were also discussed at two EMS system collaborative meetings.

#### **The Dilemma**

The ePCR policy provides direction for the collection, completion, and submission of data as well as identifies the specified elements mandated by the County of Kern, State of California, and Federal Government. The Kern County ePCR policy was revised to better align with the new mandate in 2016 and approved by this board. Since the 2016 ePCR update multiple changes have occurred within our system. Both Kern County Fire and Bakersfield City Fire departments came online with electronic patient care records as well as numerous standby companies received approved provider status. Prior to 2016 the only providers that were required to submit electronic patient care records were transporting providers (i.e. ambulance providers). The 2016 update provided no language that addressed the submission of patient care records by non-transporting first responders.

## **The EMS Division Plan of Action**

The 2019 ePCR Policy update provides the language that addresses non-transporting first responders. Additionally, this update provides direction on who should be completing these documents as well as adding the mandate for a comprehensive narrative. These updates to our ePCR Policy are timely and necessary in order for Kern County EMS to remain in compliance with state and federal reporting requirements.

Therefore, IT IS RECOMMENDED, the Board approves the revised ePCR Policy and set an effective date of September 1, 2020.

***PCR Policies and Procedures (1004.00)***

**I. GENERAL PROVISIONS**

- A. This policy defines all requirements regarding electronic data collection (Electronic Patient Care Report) and their uses, completion, referral, retention and reporting within Kern County.
- B. The patient care report (PCR) and mandatory electronic data elements (e-PCR), are established and maintained under the authority of the Emergency Medical Services Program (EMS) in accordance with California Health and Safety Code, Division 2.5, Sections 1797.204 and 1797.227 and California Code of Regulations Title 22, sections 100148(d)(2) and 100171(f).
- C. The mandatory data elements, and electronic records are official medical records and upon submission are the property of EMS. The mandatory electronic data elements shall be retained and maintained by the care provider's employer as the legal custodian of the medical record. Electronic Patient Care Records are confidential medical records and are limited to the possession of EMS, authorized EMS providers involved with response to the patient location or direct patient care, and authorized medical facilities that receive the patient if transported.
- D. EMS recognizes the current version of the National Highway Traffic Safety Administration (NHTSA) Uniform Pre-Hospital Emergency Medical Services Dataset, National Emergency Medical Services Information System (NEMSIS) for the collection and aggregation of all electronic data in the local EMS system. All references herein to "Mandatory Elements", "Data Elements", "Elements" or "Data" are taken directly from the NEMSIS Dataset and can be located and referenced in the NEMSIS Data Dictionary located at:  
[http://www.nemsis.org/media/nemsis\\_v3/release3.4.0/DataDictionary/PDFHTML/DEMEMS/index.html](http://www.nemsis.org/media/nemsis_v3/release3.4.0/DataDictionary/PDFHTML/DEMEMS/index.html)
- E. The electronic patient care report may be provided to other sources only in accordance with applicable state and/or federal laws; or may be provided to the patient or patient responsible party by valid written authorization.
- F. The electronic patient care report shall be accurately completed in accordance with these policies and procedures. Willful falsification of a patient care record or failure to comply with these policies and procedures shall result in formal investigative action per 1798.200 of the California Health and Safety Code and Ordinance Code 8.12.190.
- G. The mandatory data elements (e-PCR) listed in Appendix A below shall be generated by the service provider and transmitted to EMS immediately upon the completion of each call in accordance with this policy.

- H. The data obtained through an electronic patient care report will be used for, but not limited to, the following purposes:
  1. Documentation of patient problem history, assessment findings, care, response to care and patient outcome for the purposes of effective continued patient care by responsible medical professionals; and medical-legal documentation.
  2. Development of aggregate data reports of various topics determined by EMS to drive the continuous quality improvement (CQI) system action plan;
  3. Evaluation of compliance with Ordinance Code 8.12;
  4. Indicator for individual case evaluation; and
  5. Departmental issue or case investigation.
- I. EMS, in consultation with EMS providers, may revise these policies and procedures and mandatory data elements (e-PCR) as necessary.
- J. Each agency is responsible for developing and maintaining a data collection back up plan.
- K. Failure to comply with this policy will result in the immediate suspension of provider's approval to operate within the County of Kern.
- L. Any agency that experiences a failure of its electronic data collection system shall immediately notify EMS of said failure. Said agency is responsible for maintaining the collection of all mandatory data elements should a failure occur. Said agency shall have 48 hours to correct the above mentioned electronic data collection failure and begin submitting all mandatory electronic data elements. All data elements collected during the above mentioned failure shall be maintained and entered into the electronic collection system immediately following the system's availability. In addition, any agency planning system maintenance or upgrades that could cause a delay in data transmission, will notify EMS at least 24 hours in advance of said maintenance or upgrade.
- M. EMS reserves the right to purchase ePCR software, data collection software or third party ePCR services and ~~mandate offer~~ its use county wide.

## II. DEFINITIONS

- A. **"EMS"**: Kern County EMS, a Program of Public Health.
- B. **"Ordinance"**: Kern County Ordinance Code.
- C. **National EMS Information System (NEMSIS)**: The national data standard for emergency medical services as defined by the National Highway Traffic and Safety Administration (NHTSA) and the NEMSIS Technical Assistance Center (TAC).

- D. **California EMS Information System (CEMSIS):** The California data standard for emergency medical services as defined by the California Emergency Medical Services Authority (EMSA). The data standard includes the NEMSIS standards and state defined data elements.
- E. **Kern County Emergency Medical Data System (KCEMDS):** The Kern County EMS data standard for emergency medical services as managed and defined by Kern County Emergency Medical Services (KCEMS). The data standard includes the NEMSIS, CEMSIS, and Kern County specific data elements.
- F. **Patient Care Reporting System (PCRS):** An electronic software platform that allows for real time collection of patient care information at the time of service.
- G. **“Mandatory Element”:** a data field identified by EMS that must be completed and transmitted by EMS provider.
- H. **“e-PCR”:** the mandatory electronic data elements that as a whole make up the electronic patient care record that is completed by the EMS provider which shall serve as the permanent patient care report documenting patient condition, treatment, and all associated circumstances pertaining to a response.

**III. Data Submission Process:**

EMS Providers shall submit data using a PCRS approved by and/or supplied by EMS, that meets data submission requirements as defined in the Patient Care Reporting section of this policy. All data element requirements as set forth by the current versions of NEMSIS, CEMSIS, and KCEMDS must be met. To submit data, the EMS provider shall do all of the following:

- A. The provider must be an approved Kern County EMS provider.
- B. Private based EMS provider who is currently licensed by KCEMS as an Ambulance Provider.
- C. Public or private based first responders (i.e. Fire Department, Oil Fields, Law Enforcement, etc.) in which response and patient care activities occur within the jurisdictional boundaries of Kern County.
- D. The PCRS used by the EMS Provider shall be certified compliant with the current version of NEMSIS.
- E. Submit a written request for access to the KCEMS NEMSIS Web Service. The request must include the following:
  1. Provider Name and Agency ID
  2. PCRS Vendor Information (including 24 hour technical support contact)



- F. The request will be reviewed by KCEMS within 14 business days. If approved, access to the KCEMS NEMSIS Service will be granted to the PCRS vendor.
- G. Once access to the KCEMS NEMSIS Service has been granted, KCEMS will work with the provider and the PCRS vendor to conduct data submission testing.
- H. Provider Responsibilities:
  - 1. Establish and continuously maintain a connection with the KCEMS NEMSIS Web Service.
    - (a) The provider should be prepared to submit incident data for every completed Patient Care Report in real time immediately upon completion by the provider.
    - (b) The provider shall immediately report any technical difficulties with establishing or maintaining a connection to the KCEMDS System Administrator.
  - 2. Upon initially establishing a connection, submit eAgency data followed by at least five (5) test incident records that constitute a complete Patient Care Report for the following types of patients:
    - (a) Cardiac Arrest
    - (b) Chest pain/Acute Coronary Syndrome
    - (c) Stroke
    - (d) Trauma
    - (e) Respiratory Distress
    - (f) Adult
    - (g) Pediatric
  - 3. Inform KCEMS when test incident records have been submitted.
  - 4. Address and correct technical and/or data validation issues that are identified
- I. KCEMS Responsibilities:
  - 1. Provide web service access information, including: web service URL, username and password.
  - 2. Review test incidents submitted by the provider/vendor.
  - 3. Provide guidance and support to address technical and/or data validation issues.

#### **IV. PATIENT CARE REPORTING:**

- A. As of the effective date of this policy, the KCEMDS is compliant with and able to accept NEMSIS 3.4 data.
- B. As of 0001hrs, January 1, 2017, EMS providers shall only submit data in the current NEMSIS v3.4 format, as per A.B.1129.
- C. Provider agencies shall ensure that their PCRS complies with all national (NEMSIS), state (CEMSIS), and local (KCEMS) data elements and field values.

- D. Provider agencies shall be responsible to ensure that their PCRS is able to establish and maintain a connection with the KCEMDS. Such responsibilities include but are not limited to:
  - 1. All costs associated with establishing and maintaining a connection with the KCEMDS up to the provider side of the interface, unless provided by EMS.
  - 2. Initial and continued compliance with established data standards.
- E. On occasion, changes to existing data elements may be needed as changes to the local EMS system occur. Such changes may include but are not limited to the addition of new procedures, medications, or changes to provider or facility names.
- F. When changes described above are necessary, the PCRS used by the provider agency will need to be updated as soon as possible upon written notification from KCEMS.
- G. A provider PCRS must transmit PCRs in the established format to the KCEMDS immediately upon completion by EMS personnel.

**V. DOCUMENTATION STANDARDS:**

- A. PCRs shall be completed and submitted electronically to KCEMS.
- B. Except in rare cases of system downtime or inoperability of electronic devices, the PCR shall be made available to the receiving center physicians, ~~and staff~~ and EMS before leaving the receiving center. In cases of non-transport, the PCR shall be completed and submitted to EMS immediately upon the completion of the call.
- C. It shall be the responsibility of EMS personnel to document accurately on their PCR. KCEMS may request specific documentation elements related to CQI, Field Study, Syndromic Surveillance or Emergency Management data collection.
- D. EMS providers shall accurately complete and submit all mandatory electronic data for each response to a call for service as described herein. This includes all emergency responses, non-emergency responses, responses that are canceled before scene arrival, any pre-arranged stand-by, and patient transfers originating in Kern County. In addition, any contact between an EMT, Paramedic, or CCT Nurse and a potential patient requires completion of a PCR.  
All mandatory data elements shall be completed by the EMT, Paramedic, or CCT Nurse providing responsible for patient care. (See Appendix A for Mandatory Data Elements)
- E. The EMS report becomes part of the patient's medical record and as such is a legal and confidential document. In addition to serving an immediate medical communication purpose, the report also provides a historical record of this specific incident. In the event of future legal action, the report may also serve as a reminder

to the author of the events and details surrounding this patient's medical event. Any detail or information which may benefit the patient's immediate medical care, or which may protect the patient from potential harm related to this incident, or that may prove useful in the event of a future legal action shall be included in the narrative portion of the ePCR. Each patient contact (as described in section IV, D.) made in the field will result in a completed ePCR that contains a narrative data element that includes, at minimum:

#### SUBJECTIVE – THE PATIENT'S STORY

1. Patient Description
2. Chief complaint
3. History of the Present Event: What happened? When did it happen? Where did it happen? Who was involved? How did it happen? How long did it occur? What was done to improve or change things?
4. Allergies, Current Medications, Past Medical History (Pertinent), and Last oral intake.

#### OBJECTIVE INFORMATION – THE Rescuer's STORY

1. The Rescuer's Initial Impression: Description of the scene. What was your first impression of the scene and patient?
2. Vital Signs
3. Physical Exam findings
4. General Observations: Other noteworthy information such as environmental conditions, patient location upon arrival, patient behavior, etc.

#### ASSESSMENT – THE Rescuer's IMPRESSION

1. Conclusions made based on chief complaint and physical exam findings
2. Often, this is the "narrowed-down" version of the differential diagnosis

#### PLAN – THE Rescuer's PLAN OF THERAPY(Treatment)

1. What was done for the patient. This should include treatment provided prior to your arrival as well as what you did for the patient.
2. Describe what you did with the patient – Disposition. This could be "patient loaded and prepared for transport", "patient handed off to flight crew", or "patient signed refusal of transport and is left home with family."

#### EN ROUTE – Re-Assessment (Patient Trending)

1. Information regarding therapies provided during transport as well as changes in the patient's condition during transport.
2. It may also include pertinent events surrounding the transfer of the patient at the hospital.

## VI. PCR OPERATIONAL PROCEDURES

- A. Times entered in Interventions, Vital Signs, and Assessments are considered estimates based on the approximate time the particular skill or procedure was completed.
- B. Patients who are transported to medical facilities or hospitals outside of Kern County or to medical facilities within Kern County other than hospital emergency departments, a print out of the electronic patient care report can be submitted via fax to the facility, if requested by that facility. ~~If written documentation is requested at time the patient is delivered, the attending EMT, Paramedic, or CCT Nurse shall provide a completed Kern County Ambulance Report Form.~~
- C. EMS may also request immediate submission of the e-PCR data for a specific call or calls. EMS providers shall immediately submit requested e-PCR data to EMS.

REVISION & ACTION LISTING:

02/13/95 Complete Draft for Limited Trial Project  
02/27/95 Draft revised for Full Scope Trial Project -(to remain as authorized use draft until trial completed)  
03/17/95 Revision - Consistent with Project Progression for Reference  
07/15/95 Revision - Consistent with feedback to date, for full implementation.  
08/18/95 Revision - Consistent with revised forms.  
10/18/95 Revision - Consistent with revised forms for full implementation.  
11/16/95 Revision - Consistent with feedback  
11/15/2002 Revision Draft for group review  
12/20/2002 Revised Final in accordance with PCR Provider Group Feedback  
02/28/2006 Revised – e-PCR initial implementation  
12/18/2008 Revised Section III J. PCR submission timing to EDs, and updated cover page  
05/01/2012 Revised – Consistent with data warehouse equipment, added mandatory narrative, and added Fire and Law to reporting  
05/29/2012 Minor changes/edits per final staff review  
06/01/2012 Effective date for revisions made in May 2012  
10/10/2012 Defined “Preliminary Record”  
08/02/2013 Updated Ambulance Report Form in Appendix Three  
05/12/2017 Updated for NEMSIS 3.4 compliance.

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APPENDIX A – MANDATORY DATA ELEMENTS

dAgency.01	EMS Agency Unique State ID	N	S
dAgency.02	EMS Agency Number	N	S
dAgency.03	EMS Agency Name		S
dAgency.04	EMS Agency State	N	S
dAgency.05	EMS Agency Service Area States	N	S
dAgency.06	EMS Agency Service Area County(ies)	N	S
dAgency.07	EMS Agency Census Tracts	N	S
dAgency.08	EMS Agency Service Area ZIP Codes	N	S
dAgency.09	Primary Type of Service	N	S
dAgency.10	Other Types of Service		S
dAgency.11	Level of Service	N	S
dAgency.12	Organization Status	N	S
dAgency.13	Organizational Type	N	S
dAgency.14	EMS Agency Organizational Tax Status	N	S
dAgency.15	Statistical Calendar Year	N	S
dAgency.16	Total Primary Service Area Size	N	S
dAgency.17	Total Service Area Population	N	S
dAgency.18	911 EMS Call Center Volume per Year	N	S
dAgency.19	EMS Dispatch Volume per Year	N	S
dAgency.20	EMS Patient Transport Volume per Year	N	S
dAgency.21	EMS Patient Contact Volume per Year	N	S
dAgency.22	EMS Billable Calls per Year		S
dAgency.25	National Provider Identifier	N	S
dAgency.26	Fire Department ID Number	N	S

dContact.01	Agency Contact Type		S
dContact.02	Agency Contact Last Name		S
dContact.03	Agency Contact First Name		S
dContact.05	Agency Contact Address		S
dContact.06	Agency Contact City		S
dContact.07	Agency Contact State		S
dContact.08	Agency Contact ZIP Code		S
dContact.10	Agency Contact Phone Number		S
dContact.11	Agency Contact Email Address		S
dContact.12	EMS Agency Contact Web Address		S
dContact.13	Agency Medical Director Degree		S
dContact.14	Agency Medical Director Board Certification Type		S
dConfiguration.01	State Associated with the Certification/Licensure Levels	N	S
dConfiguration.02	State Certification/Licensure Levels	N	S
dConfiguration.03	Procedures Permitted by the State	N	S
dConfiguration.04	Medications Permitted by the State	N	S
dConfiguration.05	Protocols Permitted by the State	N	S
dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure	N	S
dConfiguration.07	EMS Agency Procedures	N	S
dConfiguration.08	EMS Certification Levels Permitted to Administer Each Medication	N	S
dConfiguration.09	EMS Agency Medications	N	S
dConfiguration.10	EMS Agency Protocols	N	S
dConfiguration.11	EMS Agency Specialty Service Capability	N	S

dConfiguration.13	Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area	N	S
dConfiguration.14	EMD Vendor	N	S
dConfiguration.15	Patient Monitoring Capability(ies)	N	S
dConfiguration.16	Crew Call Sign	N	S
dVehicle.01	Unit/Vehicle Number		S
dVehicle.04	Vehicle Type		S
dVehicle.10	Vehicle Model Year		S
dPersonnel.01	EMS Personnel's Last Name		S
dPersonnel.02	EMS Personnel's First Name		S
dPersonnel.03	EMS Personnel's Middle Name/Initial		S
dPersonnel.11	EMS Personnel's Date of Birth		S
dPersonnel.12	EMS Personnel's Gender		S
dPersonnel.13	EMS Personnel's Race		S
dPersonnel.22	EMS Personnel's State of Licensure		S
dPersonnel.23	EMS Personnel's State's Licensure ID Number		S
dPersonnel.24	EMS Personnel's State EMS Certification Licensure Level		S
dPersonnel.31	EMS Personnel's Employment Status		S
dPersonnel.32	EMS Personnel's Employment Status Date		S
dPersonnel.34	EMS Personnel's Primary EMS Job Role		S
dPersonnel.35	EMS Personnel's Other Job Responsibilities		S
eCustomConfiguration.01	Custom Data Element Title		KC
eCustomConfiguration.02	Custom Definition		KC



eCustomConfiguration.03	Custom Data Type			KC
eCustomConfiguration.04	Custom Data Element Recurrence			KC
eCustomConfiguration.05	Custom Data Element Usage			KC
eCustomConfiguration.06	Custom Data Element Potential Values			KC
eCustomConfiguration.07	Custom Data Element Potential NOT Values (NV)			KC
eCustomConfiguration.08	Custom Data Element Potential Pertinent Negative Values (PN)			KC
eCustomConfiguration.09	Custom Data Element Grouping ID			KC

eRecord.01	Patient Care Report Number	N	S
eRecord.02	Software Creator	N	S
eRecord.03	Software Name	N	S
eRecord.04	Software Version	N	S

eResponse.01	EMS Agency Number	N	S
eResponse.02	EMS Agency Name		S
eResponse.03	Incident Number	N	S
eResponse.04	EMS Response Number	N	S
eResponse.05	Type of Service Requested	N	S
eResponse.07	Primary Role of the Unit	N	S
eResponse.08	Type of Dispatch Delay	N	S
eResponse.09	Type of Response Delay	N	S
eResponse.10	Type of Scene Delay	N	S
eResponse.11	Type of Transport Delay	N	S
eResponse.12	Type of Turn-Around Delay	N	S
eResponse.13	EMS Vehicle (Unit) Number	N	S
eResponse.14	EMS Unit Call Sign	N	S

eResponse.15	Level of Care of This Unit	N	S	
eResponse.19	Beginning Odometer Reading of Responding Vehicle		S	
eResponse.20	On-Scene Odometer Reading of Responding Vehicle		S	
eResponse.21	Patient Destination Odometer Reading of Responding Vehicle		S	
eResponse.22	Ending Odometer Reading of Responding Vehicle		S	
eResponse.23	Response Mode to Scene	N	S	
eResponse.24	Additional Response Mode Descriptors	N	S	
eDispatch.01	Complaint Reported by Dispatch	N	S	
eDispatch.02	EMD Performed	N	S	
eDispatch.03	EMD Card Number			KC
eDispatch.04	Dispatch Center Name or ID			KC
eCrew.01	Crew Member ID		S	
eCrew.02	Crew Member Level		S	
eCrew.03	Crew Member Response Role		S	
eTimes.01	PSAP Call Date/Time	N	S	
eTimes.02	Dispatch Notified Date/Time			KC
eTimes.03	Unit Notified by Dispatch Date/Time	N	S	
eTimes.05	Unit En Route Date/Time	N	S	
eTimes.06	Unit Arrived on Scene Date/Time	N	S	
eTimes.07	Arrived at Patient Date/Time	N	S	
eTimes.08	Transfer of EMS Patient Care Date/Time		S	
eTimes.09	Unit Left Scene Date/Time	N	S	

eTimes.11	Patient Arrived at Destination Date/Time	N	S	
eTimes.12	Destination Patient Transfer of Care Date/Time	N	S	
eTimes.13	Unit Back in Service Date/Time	N	S	
eTimes.14	Unit Canceled Date/Time		S	
eTimes.16	EMS Call Completed Date/Time			KC
ePatient.02	Last Name		S	
ePatient.03	First Name		S	
ePatient.04	Middle Initial/Name			KC
ePatient.05	Patient's Home Address		S	
ePatient.06	Patient's Home City		S	
ePatient.07	Patient's Home County	N	S	
ePatient.08	Patient's Home State	N	S	
ePatient.09	Patient's Home ZIP Code	N	S	
ePatient.10	Patient's Country of Residence		S	
ePatient.13	Gender	N	S	
ePatient.14	Race	N	S	
ePatient.15	Age	N	S	
ePatient.16	Age Units	N	S	
ePatient.17	Date of Birth		S	
ePatient.18	Patient's Phone Number			KC
ePayment.01	Primary Method of Payment	N	S	
ePayment.50	CMS Service Level	N	S	
eScene.01	First EMS Unit on Scene	N	S	

eScene.02	Other EMS or Public Safety Agencies at Scene			KC
eScene.03	Other EMS or Public Safety Agency ID Number			KC
eScene.04	Type of Other Service at Scene			KC
eScene.06	Number of Patients at Scene	N	S	
eScene.07	Mass Casualty Incident	N	S	
eScene.08	Triage Classification for MCI Patient	N	S	
eScene.09	Incident Location Type	N	S	
eScene.10	Incident Facility Code		S	
eScene.11	Scene GPS Location		S	
eScene.12	Scene US National Grid Coordinates		S	
eScene.13	Incident Facility or Location Name		S	
eScene.14	Mile Post or Major Roadway		S	
eScene.15	Incident Street Address		S	
eScene.16	Incident Apartment, Suite, or Room		S	
eScene.17	Incident City		S	
eScene.18	Incident State	N	S	
eScene.19	Incident ZIP Code	N	S	
eScene.20	Scene Cross Street or Directions		S	
eScene.21	Incident County	N	S	
eSituation.01	Date/Time of Symptom Onset	N	S	
eSituation.02	Possible Injury	N	S	
eSituation.03	Complaint Type		S	
eSituation.04	Complaint		S	
eSituation.05	Duration of Complaint		S	
eSituation.06	Time Units of Duration of Complaint		S	
eSituation.07	Chief Complaint Anatomic Location	N	S	

eSituation.08	Chief Complaint Organ System	N	S	
eSituation.09	Primary Symptom	N	S	
eSituation.10	Other Associated Symptoms	N	S	
eSituation.11	Provider's Primary Impression	N	S	
eSituation.12	Provider's Secondary Impressions	N	S	
eSituation.13	Initial Patient Acuity	N	S	
eSituation.14	Work-Related Illness/Injury		S	
eSituation.17	Patient Activity		S	
eSituation.18	Date/Time Last Known Well			KC
eInjury.01	Cause of Injury	N	S	
eInjury.02	Mechanism of Injury		S	
eInjury.03	Trauma Center Criteria	N	S	
eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	N	S	
eInjury.05	Main Area of the Vehicle Impacted by the Collision		S	
eInjury.06	Location of Patient in Vehicle		S	
eInjury.07	Use of Occupant Safety Equipment		S	
eInjury.08	Airbag Deployment		S	
eInjury.09	Height of Fall (feet)		S	
eArrest.01	Cardiac Arrest	N	S	
eArrest.02	Cardiac Arrest Etiology	N	S	
eArrest.03	Resuscitation Attempted By EMS	N	S	
eArrest.04	Arrest Witnessed By	N	S	
eArrest.05	CPR Care Provided Prior to EMS Arrival	N	S	
eArrest.06	Who Provided CPR Prior to EMS Arrival		S	

eArrest.07	AED Use Prior to EMS Arrival	N	S	
eArrest.08	Who Used AED Prior to EMS Arrival		S	
eArrest.09	Type of CPR Provided	N	S	
eArrest.11	First Monitored Arrest Rhythm of the Patient	N	S	
eArrest.12	Any Return of Spontaneous Circulation	N	S	
eArrest.14	Date/Time of Cardiac Arrest	N	S	
eArrest.15	Date/Time Resuscitation Discontinued		S	
eArrest.16	Reason CPR/Resuscitation Discontinued	N	S	
eArrest.17	Cardiac Rhythm on Arrival at Destination	N	S	
eArrest.18	End of EMS Cardiac Arrest Event	N	S	
eArrest.19	Date/Time of Initial CPR			KC
eHistory.01	Barriers to Patient Care	N	S	
eHistory.05	Advance Directives		S	
eHistory.06	Medication Allergies		S	
eHistory.07	Environmental/Food Allergies			KC
eHistory.08	Medical/Surgical History		S	
eHistory.09	Medical History Obtained From			KC
eHistory.17	Alcohol/Drug Use Indicators	N	S	
eHistory.18	Pregnancy			KC
eHistory.19	Last Oral Intake			KC
eNarrative.01	Patient Care Report Narrative		S	
eVitals.01	Date/Time Vital Signs Taken	N	S	
eVitals.02	Obtained Prior to this Unit's EMS Care	N	S	
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	N	S	

eVitals.04	ECG Type	N	S	
eVitals.05	Method of ECG Interpretation	N	S	
eVitals.06	SBP (Systolic Blood Pressure)	N	S	
eVitals.07	DBP (Diastolic Blood Pressure)		S	
eVitals.08	Method of Blood Pressure Measurement	N	S	
eVitals.09	Mean Arterial Pressure			KC
eVitals.10	Heart Rate	N	S	
eVitals.11	Method of Heart Rate Measurement			KC
eVitals.12	Pulse Oximetry	N	S	
eVitals.13	Pulse Rhythm			KC
eVitals.14	Respiratory Rate	N	S	
eVitals.15	Respiratory Effort			KC
eVitals.16	End Tidal Carbon Dioxide (ETCO2)	N	S	
eVitals.17	Carbon Monoxide (CO)		S	
eVitals.18	Blood Glucose Level	N	S	
eVitals.19	Glasgow Coma Score-Eye	N	S	
eVitals.20	Glasgow Coma Score-Verbal	N	S	
eVitals.21	Glasgow Coma Score-Motor	N	S	
eVitals.22	Glasgow Coma Score-Qualifier	N	S	
eVitals.23	Total Glasgow Coma Score		S	
eVitals.24	Temperature		S	
eVitals.25	Temperature Method			KC
eVitals.26	Level of Responsiveness (AVPU)	N	S	
eVitals.27	Pain Scale Score	N	S	
eVitals.28	Pain Scale Type		S	
eVitals.29	Stroke Scale Score	N	S	
eVitals.30	Stroke Scale Type	N	S	
eVitals.31	Reperfusion Checklist	N	S	

eVitals.32	APGAR			KC
eExam.01	Estimated Body Weight in Kilograms		S	
eExam.02	Length Based Tape Measure		S	
eExam.03	Date/Time of Assessment			KC
eExam.04	Skin Assessment			KC
eExam.05	Head Assessment			KC
eExam.06	Face Assessment			KC
eExam.07	Neck Assessment			KC
eExam.08	Chest/Lungs Assessment			KC
eExam.10	Abdominal Assessment Finding Location			KC
eExam.11	Abdomen Assessment			KC
eExam.12	Pelvis/Genitourinary Assessment			KC
eExam.13	Back and Spine Assessment Finding Location			KC
eExam.14	Back and Spine Assessment			KC
eExam.15	Extremity Assessment Finding Location			KC
eExam.16	Extremities Assessment			KC
eExam.17	Eye Assessment Finding Location			KC
eExam.18	Eye Assessment			KC
eExam.19	Mental Status Assessment			KC
eExam.20	Neurological Assessment			KC
eExam.21	Stroke/CVA Symptoms Resolved		S	
eProtocols..01	Protocols Used	N	S	
eProtocols..02	Protocol Age Category	N	S	
eMedications.01	Date/Time Medication Administered	N	S	



eMedications.02	Medication Administered Prior to this Unit's EMS Care	N	S	
eMedications.03	Medication Given	N	S	
eMedications.04	Medication Administered Route	N	S	
eMedications.05	Medication Dosage	N	S	
eMedications.06	Medication Dosage Units	N	S	
eMedications.07	Response to Medication	N	S	
eMedications.08	Medication Complication	N	S	
eMedications.09	Medication Crew (Healthcare Professionals) ID		S	
eMedications.10	Role/Type of Person Administering Medication	N	S	
eMedications.11	Medication Authorization			KC
eProcedures.01	Date/Time Procedure Performed	N	S	
eProcedures.02	Procedure Performed Prior to this Unit's EMS Care	N	S	
eProcedures.03	Procedure	N	S	
eProcedures.04	Size of Procedure Equipment			KC
eProcedures.05	Number of Procedure Attempts	N	S	
eProcedures.06	Procedure Successful	N	S	
eProcedures.07	Procedure Complication	N	S	
eProcedures.08	Response to Procedure	N	S	
eProcedures.09	Procedure Crew Members ID		S	
eProcedures.10	Role/Type of Person Performing the Procedure	N	S	
eProcedures.11	Procedure Authorization			KC
eProcedures.13	Vascular Access Location		S	

eAirway.01	Indications for Invasive Airway	S	
eAirway.02	Date/Time Airway Device Placement Confirmation	S	
eAirway.03	Airway Device Being Confirmed	S	
eAirway.04	Airway Device Placement Confirmed Method	S	
eAirway.05	Tube Depth		KC
eAirway.06	Type of Individual Confirming Airway Device Placement	S	
eAirway.07	Crew Member ID	S	
eAirway.08	Airway Complications Encountered	S	
eAirway.09	Suspected Reasons for Failed Airway Management	S	
eDevice.02	Date/Time of Event (per Medical Device)		KC
eDevice.03	Medical Device Event Type		KC
eDevice.06	Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)		KC
eDevice.07	Medical Device ECG Lead		KC
eDevice.08	Medical Device ECG Interpretation		KC
eDevice.09	Type of Shock		KC
eDevice.10	Shock or Pacing Energy		KC
eDevice.11	Total Number of Shocks Delivered		KC
eDevice.12	Pacing Rate		KC
eDisposition.01	Destination/Transferred To, Name	S	
eDisposition.02	Destination/Transferred To, Code	S	
eDisposition.03	Destination Street Address	S	
eDisposition.04	Destination City	S	

eDisposition.05	Destination State	N	S	
eDisposition.06	Destination County	N	S	
eDisposition.07	Destination ZIP Code	N	S	
eDisposition.11	Number of Patients Transported in this EMS Unit		S	
eDisposition.12	Incident/Patient Disposition	N	S	
eDisposition.13	How Patient Was Moved to Ambulance			KC
eDisposition.14	Position of Patient During Transport			KC
eDisposition.15	How Patient Was Transported From Ambulance			KC
eDisposition.16	EMS Transport Method	N	S	
eDisposition.17	Transport Mode from Scene	N	S	
eDisposition.18	Additional Transport Mode Descriptors	N	S	
eDisposition.19	Final Patient Acuity	N	S	
eDisposition.20	Reason for Choosing Destination	N	S	
eDisposition.21	Type of Destination	N	S	
eDisposition.22	Hospital In-Patient Destination	N	S	
eDisposition.23	Hospital Capability	N	S	
eDisposition.24	Destination Team Pre-Arrival Alert or Activation	N	S	
eDisposition.25	Date/Time of Destination Prearrival Alert or Activation	N	S	
eDisposition.26	Disposition Instructions Provided			KC
eOutcome.01	Emergency Department Disposition	N	S	
eOutcome.02	Hospital Disposition	N	S	
eOther.02	Potential System of Care/Specialty/Registry Patient			KC

eOther.03	Personal Protective Equipment Used			KC
eOther.04	EMS Professional (Crew Member) ID			KC
eOther.05	Suspected EMS Work Related Exposure, Injury, or Death	N	S	
eOther.06	The Type of Work-Related Injury, Death or Suspected Exposure		S	
eOther.07	Natural, Suspected, Intentional, or Unintentional Disaster			KC
eOther.08	Crew Member Completing this Report		S	
eOther.12	Type of Person Signing			KC
eOther.13	Signature Reason			KC
eOther.14	Type Of Patient Representative			KC
eOther.15	Signature Status			KC
eOther.19	Date/Time of Signature			KC

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## X. New Business

### f. ePCR Quality Improvement Grading System

## EMS Division Staff Report for EMCAB- August 13, 2020

### **ePCR Quality Improvement Grading System**

Since its inception EMS has been responsible to assure that all policies, procedures and protocols the program issues are not only adhered to by all field staff but have the intended effect on the system. Over the years EMS has worked diligently to make sure that our system is working for the best possible outcome for the patients that are treated and transported by our field crews.

One of the responsibilities of EMS staff is to review patient care reports from EMTs and Paramedics in the field on a regular basis in an effort to verify that our patients are receiving the best care and that our crews are following the policies, procedures and protocols as intended.

Until now we have had no system in place to assure that each record is reviewed with the same focus as if through the same lens no matter who did the review. Additionally, we have not had a method for providing the individual crew member with feedback on their performance and compliance with the county policies, procedures and protocols.

The ePCR Quality Improvement Grading System provides clear direction for the review of each record and provides a system for grading each individual crew member. As each patient care record is evaluated a letter grade will be assigned based on the total score arrived at by the reviewer. This grade will be sent to the individual crew member providing them, for the first time, the knowledge of their performance and providing them with a method to improve, if necessary.

Therefore, IT IS RECOMMENDED, the ePCR Quality Improvement Grading System Policy be approved with an implementation date of September 1, 2020.

## ***ePCR Review (1004.02)***

### **I. GENERAL PROVISIONS**

The purpose of this policy is to establish a grading system of electronic patient care reports (ePCR) within the county. The goal of the Kern County Emergency Medical Services Program (Program) is to ensure quality care to all residents and visitors of Kern County.

### **II. GRADING SYSTEM**

The Program will review a percentage of ePCR's weekly. After reviewing the ePCR the EMS Coordinator will assign a grade to the ePCR based off the established grading rubric (Appendix A).

- A. Individual ePCR's will each be given a grade. That grade will be emailed to the providers each month with the individual's name or certification number, incident number of ePCR graded, the grade, and any concerns the Program has.
- B. Provider overall grades will be given based off all the individual ePCR's graded that month. The Program will take the numerical grades from all individual ePCR's and average them to give an overall monthly score. The provider will be given a letter grade based off that score. The Program will update each providers grade on the website monthly.

EPCR's will be graded in four categories.

- Narrative
- Treatment
- Transport
- Special criteria and core measures

### III. COMPLIANCE

#### Individual compliance

##### A. Compliant

Any individual ePCR that receives a letter grade of a “B” or higher will be compliant with this policy.

##### B. Non-compliant

Any individual ePCR that receives a letter grade of a “C” or lower should be identified by the providers and given remedial training.

#### Provider compliance

##### A. Compliant

Any provider that achieves a letter grade of a “B” or higher will be compliant with this policy.

##### B. Non-Compliant

Any provider that scores a “C” will be considered compliant for that month but will be issued a notice of low performance. That provider will have one month to raise their score. If that provider fails to do so they will now be considered non-compliant until they achieve a higher score.

Any provider that scores an “F” will be considered non-compliant.

Any provider considered to be non-compliant will be issued a non-compliance letter from the program and fined per ordinance for each month.



# Appendix A

## KERN COUNTY EMS PCR REVIEW GRADING RUBRIC

	4	3	2	1
NARRATIVE	<ul style="list-style-type: none"> <li>Used proper SOAP format.</li> <li>Proper use of grammar and punctuation.</li> <li>Assessment and treatment clearly documented.</li> </ul>	<ul style="list-style-type: none"> <li>Used proper SOAP format.</li> <li>Grammar and punctuation errors.</li> <li>Assessment and treatment clearly documented.</li> </ul>	<ul style="list-style-type: none"> <li>SOAP format not used.</li> <li>Assessment and treatment still clearly documented.</li> </ul>	<ul style="list-style-type: none"> <li>Assessment and treatment not clearly documented</li> </ul>
TREATMENT	<ul style="list-style-type: none"> <li>Treatment appropriate per protocol.</li> <li>Treatment was not delayed.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment appropriate per protocol.</li> <li>Delay in treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Treatments missing per protocol.</li> </ul>	<ul style="list-style-type: none"> <li>Inappropriate treatment or detrimental.</li> </ul>
TRANSPORT	<ul style="list-style-type: none"> <li>Prompt transport or clear documentation for delays.</li> <li>Followed the designation policy.</li> </ul>	<ul style="list-style-type: none"> <li>Small delays in transport without documenting why.</li> <li>Followed the designation policy.</li> </ul>	<ul style="list-style-type: none"> <li>Large delays in transport without documenting why.</li> <li>Followed the designation policy.</li> </ul>	<ul style="list-style-type: none"> <li>Did not follow designation policy.</li> </ul>
SPECIAL CRITERIA AND CORE MEASURES	<ul style="list-style-type: none"> <li>Activated or consult appropriate with policy in a timely manner (STEMI, Trauma, ECT.)</li> <li>All core measure documented correctly.</li> </ul>	<ul style="list-style-type: none"> <li>Activated or consult appropriate with policy with slight delays (STEMI, Trauma, ECT.)</li> <li>Core measures done but not documented correctly.</li> </ul>	<ul style="list-style-type: none"> <li>Large delays in activation or consult.</li> <li>Core measures done.</li> </ul>	<ul style="list-style-type: none"> <li>Core measures not completed.</li> <li>Or activation/consult not done.</li> </ul>

Score	Grade
16-14	A
13-11	B
10-8	C
7-4	F

ePCR Review (1004.02)  
 Effective Date:  
 Revision Date:

3  
 Kristopher Lyon, M.D.  
 (Signature on File)

## X. New Business

g. Peds Receiving Center Designation Policy

## EMS Program Staff Report for EMCAB- August 13, 2020

### **Pediatric Receiving Center Designation**

#### **Background**

California Emergency Medical Services Authority (EMSA) published Chapter 14 of Title 22, Division 9, for the implementation of Emergency Medical Services for Children (EMSC) programs on 7/1/2019. Kern County EMS Program implemented our Pediatric receiving center designation on 5/9/2014. We currently have five (5) pediatric designated hospitals in Kern County.

#### **The Dilemma**

Our current Pediatric Receiving Center Designation Policy was based on California Emergency Medical Services Authority (EMSA) Chapter 14 of Title 22, Division 9, for the implementation of Emergency Medical Services for Children draft from January 2013. With the implementation of Chapter 14 of the Title 22, Division 9 on July 1<sup>st</sup>, 2019, we need to update our policy to reflect the new changes to the regulation. These changes are necessary in order to continue offering a pediatric designation within the State of California.

#### **The EMS Division Plan of Action**

The Program has updated the Pediatric receiving center designation policy to reflect the changes made in the published Chapter 14 of Title 22, Division 9, for the implementation of Emergency Medical Services for Children (EMSC) programs. This policy along with the EMSC component of the EMS plan was submitted to EMSA in January of 2020. Not only was the plan approved, but Kern County EMS was named a subject matter expert for the state to assist other counties in obtaining their approval.

The Pediatric Receiving Center Designation Policy has been discussed at multiple EMS System Collaborative meetings, EMS quality assurance meetings, and has been out for a 30-day public comment period.

Therefore, IT IS RECOMMENDED, the Board approves the updated Pediatric Receiving Center Designation Policy and set an implementation date of September 1, 2020.

## ***Pediatric Receiving Center Designation Policy (4004.00)***

### **I. PURPOSE:**

This policy defines the requirements for designation as a Pediatric Receiving Center (PedRC) in Kern County and establishes that pediatric patients are transported to the most appropriate facility, which is staffed, equipped, and prepared to administer emergency and/or definitive care appropriate to the needs of pediatric patients.

### **II. AUTHORITY:**

- A. California Health and Safety Code, Division 2.5, Section 1797.103, 1797.204, 1797.220, 1797.250, 1797.252, 1798.150, 1798.170, 1799.204, 1799.205.
- B. California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100147 and Chapter 14 (Draft).

### **III. DEFINITIONS:**

- A. California Children Services (CCS): A State of California program for children with certain illnesses or health problems. Through this program, children up to twenty-one (21) years old can obtain necessary health care and required services.
- B. Continuous Quality Improvement (CQI): A method of evaluation composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care.
- C. Emergency Medical Services (EMS) Authority (EMSA or Authority): A department in California that is responsible for the coordination and integration of all state activities concerning EMS.
- D. Emergency Medical Services for Children (EMSC): The prevention, pre-hospital, emergency department (ED), in-patient and rehabilitation services specific for the care of children within an EMS system.

- E. Emergency Medical Services for Children Technical Advisory Committee (EMSC-TAC or TAC): A multidisciplinary committee, as appointed by the Authority. The TAC is advisory to the Authority on EMSC related issues.
- F. Emergency Medical Services ~~Division (Division)~~ Program (Program): The Kern County Public Health Services Department, Emergency Medical Services ~~Division Program~~. The ~~Division Program~~ is the Local Emergency Medical Services Agency or LEMSA for Kern County (EMSP).
- G. Interfacility Transfer: The transfer of an admitted or non-admitted pediatric patient from one licensed health care facility to another.
- H. Neonatal Intensive Care Unit (NICU): A designated area of the hospital that specializes in the care of critically ill or injured newborn infants.
- I. Neonatologist: A physician who is board certified or board eligible in neonatology.
- J. Neonatology Fellow: A post residency trained physician who is a board certified or board eligible physician currently enrolled in a subspecialty fellowship program in neonatology.
- K. On-Call: Agreeing to be available to respond to a Pediatric Receiving Center (PedRC) in order to provide a defined service.
- L. Pediatric Critical Care Fellow: A pediatric board certified or board eligible residency trained physician currently enrolled in a subspecialty fellowship program in pediatric critical care medicine.
- M. Pediatric Critical Care Service: A clinical service within a hospital that has oversight and responsibility for the care of pediatric critically-ill or injured patients in a licensed pediatric intensive care unit (PICU).
- N. Pediatric emergency care coordinator: a physician or registered nurse who is qualified in the emergency care of pediatric patients (PECC)
- O. Pediatric Intensivist: A physician who is board certified or board eligible in pediatric critical care medicine, or pediatrics and anesthesia and anesthesia critical care.

- P. Pediatric Intensive Care Unit (PICU): A designated area with licensed pediatric intensive care beds within the hospital that specializes in the care of critically ill or injured infant, children, and teenagers.
- Q. Pediatric patient: Children **Under** 14 years of age. ~~or younger.~~
- R. Pediatric Receiving Center (PedRC): The licensed general acute care hospital with, at a minimum, a permit for basic or standby emergency services that has been formally designated by the **Division Program**. The PedRC Levels are **Level I Comprehensive** Pediatric Receiving Center (~~Level I PedRC~~) (**Comprehensive PedRC**), **Level II Advanced** Pediatric Receiving Center (~~Level II PedRC~~) (**advanced PedRC**), **Level III General** Pediatric Receiving Center (~~Level III PedRC~~) (**General PedRC**), and **Level IV Basic** Pediatric Receiving Center (~~Level IV PedRC~~) (**Basic PedRC**).
- S. Promptly Available: Responding without delay when notified and requested to respond to the hospital, and being physically available to the specified area of the PedRC within a fifteen (15) minute period of time in accordance with **Division Program** policies and procedures. When there are limited resources, telemedicine or video consultation is an acceptable alternative.
- T. Qualified Emergency Specialist: A qualified specialist who is board certified or board eligible in emergency medicine or pediatric emergency medicine, as applicable, by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties for that specialty.
- U. Qualified Pediatric Specialist: A qualified specialist who is board certified or board eligible in a pediatric specialty, as applicable, by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties for that specialty.
- V. Qualified Specialist: A physician licensed in California who has 1) taken special postgraduate medical training, or has met other specified requirements, and 2) has become board certified or is board eligible in the corresponding specialty, as applicable, by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties for that

specialty. A non-board certified physician may be recognized as a “qualified specialist” by the **Division Program** upon substantiation of need by the PedRC if: a) the physician can demonstrate to the appropriate hospital body and the hospital is able to document that he/she has met requirements which are equivalent to those of the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada; b) the physician can clearly demonstrate to the appropriate hospital body that he/she has substantial education, training, and experience in treating and managing pediatric critically-ill or injured patients, which shall be tracked by a pediatric performance improvement program; and c) the physician has successfully completed a residency program.

W. **Trauma Center**: A licensed hospital, which has been designated as a Level I, II, III, or IV Trauma Center and/or Level I or II Pediatric Trauma Center by the **Division Program**, in accordance with CCR Title 22, Division 9, Chapter 7.

#### IV. GENERAL PROVISIONS:

- A. No healthcare facility shall advertise in any manner or otherwise hold itself out to be a PedRC unless it has been designated by the **Division Program**.
- B. No provider of pre-hospital care shall advertise in any manner, or otherwise hold itself out, as affiliated with EMSC or a PedRC unless they have been so designated by the **Division Program**.
- C. PedRCs are designated by the **Division Program** in accordance with state regulations and local policies. PedRC designation and re-designation shall be on three (3) year cycles and include written agreements between the PedRC and the County of Kern.
- D. Every PedRC within the County shall be aligned with at least one (1) **Level I Comprehensive** PedRC for the purposes of outreach and education. Where geography precludes designation of a **Level I Comprehensive** PedRC within the County, the PedRC may align with a **Level I Comprehensive** PedRC within the State of California.
- E. All PedRCs shall participate in the **Division's Program's** Pediatric Advisory Committee.

- F. All PedRCs shall be an approved pre-hospital continuing education provider and provide training and education relating to pediatrics for EMS personnel and MICNs. Continuing education programs shall be conducted in compliance with ~~Division Program. Pre-Hospital Continuing Education Provider Policies and Procedures. A sample of Pediatric Education Guidelines for Paramedics EMSA # 187 can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa187.pdf>.~~
- G. ~~Level I Comprehensive~~ PedRC and ~~Level II Advanced~~ PedRCs shall be designated Base Hospitals. These facilities shall provide on-line medical direction in pediatric care to pre-hospital personnel regardless of patient destination either in County or transports out of County.
- H. All PedRCs shall participate in community education activities relating to pediatric illness and injury prevention efforts. ~~A sample of EMSC Recommendation For Illness and Injury Prevention EMSA # 190 can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa190.pdf>~~
- I. Air transport for pediatric patients within Kern County shall be in accordance with *EMS Aircraft Dispatch-Response-Utilization Policies*.
- J. The ~~Division Program~~ shall approve marketing and advertising of EMSC capabilities by PedRCs consistent with the designation process by the ~~Division Program~~.
- K. The ~~Division Program~~ will charge for regulatory costs incurred as a result of pediatric receiving center application review, designation, and re-designation. The specific fees are based upon ~~Division Program~~ costs. Fee amounts shall be as specified in the County Fee Ordinance Chapter 8.13, if applicable.

**V. PEDIATRIC RECEIVING CENTER REQUIREMENTS:**

- A. ~~A Pediatric Receiving Center (PedRC) is a licensed general acute care hospital with, at a minimum, a permit for basic emergency services or, in a rural area, licensed standby emergency services, that has been designated by the Division Program as a Level I Comprehensive PedRC, Level II Advanced PedRC, Level III General PedRC, or Level IV Basic PedRC. EMSA #182: Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa182.pdf>~~



- B. CQI Program-** All PedRCs shall have a CQI Program which addresses the needs of children, to include structure, process, and outcome evaluations. The CQI Program at a minimum shall provide for:
1. A process which integrates the ED CQI activities with the pre-hospital, trauma, inpatient pediatrics, pediatric critical care, and hospital-wide CQI activities, as applicable.
  2. A mechanism to provide for integration of findings from CQI audits and reviews into education and clinical competency evaluations of staff.
  3. A review of pre-hospital, ED, and inpatient pediatric patient care to include the following pediatric indicators:
    - a. Deaths
    - b. Transfers
    - c. Child maltreatment cases
    - d. Cardiopulmonary or respiratory arrests
    - e. Trauma admissions
    - f. Operating room admissions
    - g. ICU admissions
    - h. Selected return visits to the ED
    - i. Patient safety including adverse events
  4. Compliance with all federal and state laws protecting and governing patient safety, quality and confidentiality including compliance with applicable provisions of Evidence Code 1157.7 to ensure confidentiality with CQI activities.
- C. Policies, procedures, or protocols** for care of children in emergency settings, that are not limited to, but shall include, the following:
1. Illness and injury triage
  2. Pediatric assessment
  3. Physical or chemical restraint of patients
  4. Child maltreatment
  5. Consent
  6. Death of a child
  7. Procedural sedation
  8. Immunization status and delivery
  9. Mental health emergencies
  10. Family centered care
  11. Communication with patient's primary health care provider
  12. Pain assessment and treatment
  13. A disaster preparedness plan that addresses pediatric issues
  14. Medication safety, including:

- a. A process to weigh children on scales in kilograms only
- b. A process to solicit feedback from staff including reporting of medical errors
- c. Involvement of families in the medication safety process
- d. Medication orders that are clear and unambiguous
- e. Mental health and behavioral emergencies including drug and alcohol abuse

**D. Data Requirements-** The PedRC shall submit, at a minimum, the following data to the **Division Program** on a quarterly basis. This data will facilitate system management and allow for evaluation of system performance. Data will be collected by each PedRC on the **Division Program** approved data reporting tool. Data will be aggregated and reported as numerical measurements for Countywide PedRC evaluation. Aggregated reports, with facility names removed, may be shared with the Pediatric Advisory Committee, the EMS System Collaborative, the Emergency Medical Care Advisory Board, Kern County Board of Supervisors, or posted for public viewing, if applicable. If mandated by regulation, aggregated data may be reported to the Authority by the **Division Program** as a representation of EMSC in Kern County. The following data elements shall be included:

1. Baseline data, including ambulance transports, to describe the system, including, but not limited to:
  - a. Arrival time/date to ED
  - b. Date of Birth
  - c. Gender
  - d. Ethnicity
  - e. Mode of arrival
  - f. **Primary impression**
2. Cause of illness and injury, and basic outcomes for CQI to include but not limited to the following:
  - a. Discharge or transfer diagnoses
  - b. External cause of injury (E codes)
  - c. Injury location
  - d. Disposition
  - e. Principal procedures
  - f. Other procedures
  - g. Discharge or transfer time and date from ED
  - h. Admitting facility name if applicable
  - i. Residence zip code

- E. Each PedRC shall have written guidelines in place for patients, parents of minor children who are patients, legal guardians of children who are patients, and primary caretakers of children who are patients to provide input and feedback to hospital staff regarding the care provided to the child.
- F. **ED Requirements:** All designated PedRCs shall comply with the following emergency department (ED) requirements:
1. ED administrative personnel including:
    - a. A Medical Director for the ED; and
    - b. A Physician Coordinator for pediatric emergency care (may be met by staff currently assigned to other roles in the department, and may be shared between EDs). The Physician Coordinator shall:
      - i. Be a qualified emergency specialist *or* a physician who is a qualified specialist in Pediatrics or Family Medicine *and* shall demonstrate competency in resuscitation of children of all ages from neonates to adolescents.
      - ii. Assume administrative responsibilities that may include, but not be limited to:
        - Oversight of ED pediatric CQI process
        - Liaison with appropriate hospital-based pediatric care committees
        - Liaison with PedRCs, Trauma Centers, the **Division Program**, base hospitals, pre-hospital care providers, and community hospitals
        - Facilitation of pediatric emergency education for ED staff
        - Ensuring pediatric disaster preparedness. ~~(EMSA # 198: EMSC Pediatric Disaster Preparedness Guidelines for Hospitals can be found at <http://www.emsa.ca.gov/pubs/docs/EMSA198.pdf>)~~
    - c. A Nursing Coordinator for pediatric emergency care (may be met by staff currently assigned other roles in the emergency department, or in-house departments, and may be shared between EDs). The Nursing Coordinator shall:
      - i. Be a registered nurse (RN) with at least two (2) years' experience in pediatrics or emergency nursing within the previous five (5) years
      - ii. Demonstrate competency in resuscitation of children of all ages from neonates to adolescents

- iii. Assume administrative responsibilities that may include but not be limited to:
  - Coordinate with the pediatric Physician Coordinator for pediatric CQI activities
  - Facilitate ED nursing continuing education and competency evaluations in pediatrics
  - Liaison with pediatric critical care centers, trauma centers, the **Division Program**, base hospitals, pre-hospital care providers, and community hospitals
  - Liaison with appropriate hospital-based pediatric care committees
  - Coordination with the Physician Coordinator to ensure emergency pediatric disaster preparedness
2. Personnel staffing the ED shall include, but not limited to:
  - a. Physicians that are qualified emergency specialists, *or* qualified specialists who demonstrate competency in resuscitation of children of all ages from neonates to adolescents
  - b. Registered Nurses (RNs) with at least one (1) ED RN per shift with current completion of PALS, APLS, ENPC, or other equivalent pediatric emergency care nursing course
  - c. Midlevel practitioners that may include Nurse Practitioners and/or Physician Assistants, as applicable, regularly assigned to the ED who care for pediatric patients and demonstrate competency in resuscitation of children of all ages from neonates to adolescents
  - d. Other services/personnel: Back-up personnel to the ED including, but not limited to:
    - i. A qualified pediatric specialist available for in-house consultation, *or* through real time consultation (e.g. phone telemedicine) or via agreed upon process within transfer agreements
    - ii. Pediatric qualified subspecialists (as a minimum pediatric Intensivist) available for in-house consultation, *or* through phone consultation and transfer agreements
    - iii. Support services including ~~respiratory care~~, laboratory, radiology, and pharmacy to include qualified staff and necessary equipment
    - iv. **Respiratory care specialists who respond to the emergency department.**

1. Respiratory care specialists shall verify their competence to support oxygenation and ventilation of pediatric patients to the Director of Respiratory Services. This verification may include, but is not limited to:
  - Current completion of the American Heart Association Pediatric Advanced Life Support course, or
  - The American Academy of Pediatrics and American College of Emergency Physicians sponsored Advanced Pediatric Life Support Course, or
  - Continuing education courses specific to resuscitation of pediatric patients.
  
3. Pediatric equipment and supplies. Use of pediatric equipment and supplies requires:
  - a. A pediatric chart, length-based resuscitation tape, medical software, or other system available to assure ready access to proper sizing of resuscitation equipment and proper dosing of medications
  - b. Pediatric equipment, supplies, and medications easily accessible, labeled, and logically organized, including, but not limited to. the following:
    - i. Portable resuscitation supplies (crash cart) with a method of verification of contents on a regular basis
    - ii. General equipment for patient and fluid warming, patient restraint, weight scale (in kilograms), and pain scale tools for all age children
    - iii. Monitoring equipment appropriate for children in all pediatric sizes including blood pressure cuffs, Doppler device, ECG monitor/defibrillator, hypothermia thermometer, pulse oximeter, and end tidal CO<sub>2</sub> monitor
    - iv. Respiratory equipment and supplies appropriate for pediatric patients including clear oxygen masks, bag-mask devices, intubation equipment, tracheostomy equipment, oral and nasal airways, nasogastric tubes, and suction equipment
    - v. Vascular access supplies and equipment appropriate for pediatric patients including intravenous catheters, intraosseous needles, umbilical and central venous catheters, infusion devices, and IV solutions

- vi. Fracture management devices appropriate for pediatric patients including extremity and femur splints, and spinal stabilization devices
- vii. Specialized pediatric trays or kits including lumbar puncture tray, difficult airway kit to include laryngeal mask airways and other devices to provide assisted ventilation if bag-mask ventilation or intubation are unsuccessful, tube thoracostomy tray to include chest tubes sizes for children of all ages, newborn delivery and resuscitation kit to include supplies for immediate delivery and resuscitation of the newborn, and urinary catheter trays to include urinary catheters for children of all ages

G. **Medications** for the care of children requiring resuscitation shall be consistent with the most current evidence-based recommendations (e.g. American Heart Association Pediatric Advanced Life Support). These shall be available in the ED.

## VI. **LEVEL I COMPREHENSIVE PEDIATRIC RECEIVING CENTER REQUIREMENTS:**

In addition to the requirements in Section V of this policy, a **Level I Comprehensive** PedRC shall:

- A. **Meet all criteria of an Advanced PedRC.**
- B. Be a CCS Approved Tertiary Hospital with specialized in-patient intensive care and diagnostic, operative, therapeutic services and equipment, and with in-house and/or promptly available physician specialists in pediatric subspecialties. A facility may be designated by the **Division Program** if the facility has full, provisional, or conditional CCS approval. Documentation of CCS eligibility must be on file at CCS.
- C. Be capable of providing comprehensive specialized pediatric medical and surgical care to any acutely ill and injured child.
- D. Provide ED services which include a separate pediatric ED or designated area for emergency care of children within an ED, and includes physician staff who are qualified emergency specialists in emergency medicine or pediatric emergency medicine.

- E. Have in-patient resources including at a minimum:
  - 1. Twenty-five (25) licensed pediatric beds (exclusive of licensed intensive care neonatal nursery or intensive care beds)
  - 2. A NICU
  - 3. A PICU
  
- F. Plan and implement ongoing outreach to PedRCs (~~Level II, Level III, and Level IV~~) (**Advanced, General, and Basic**) including:
  - 1. Collaborate for education in emergency care of pediatric patients
  - 2. Consultation via phone, telemedicine or onsite regarding:
    - a. Emergency care and stabilization
    - b. Transfer
    - c. Transport
  
- G. Accept patients from Kern County who require specialized care not available at lower-level hospitals within the county through:
  - 1. ~~Level I Comprehensive~~ PedRC shall accept any patient that meets “emergent medical pediatric” criteria (see section X.A for description) for inter-emergency department transfer originating within the county
  - 2. Prearranged transfer agreements for pediatric patients needing specialized care not available at the ~~Level I Comprehensive~~ PedRC (such as burn centers, spinal cord injury centers, rehabilitation facilities)
  - 3. ~~EMSA # 183: Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guidelines can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa183.pdf>~~
  - 4. ~~EMSA #186: Model Pediatric Interfacility Transfer Agreement can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa186.pdf>~~
  
- H. Serve as a county referral center for the specialized care of pediatric patients or in special circumstances provide safe and timely transfer of children to other resources for specialized care.

**VII. ~~LEVEL II ADVANCED~~ PEDIATRIC RECEIVING CENTER REQUIREMENTS:**

In addition to the requirements in Section V of this policy, a ~~Level II Advanced~~ PedRC shall:

- A. Be a CCS approved Pediatric Community Hospital which has most specialized diagnostic, operative, therapeutic services and equipment, and with promptly available pediatric subspecialists. A facility may be designated by the ~~Division~~ if

the facility has full, provisional, or conditional CCS approval. Documentation of CCS eligibility must be on file at CCS.

- B. Have inpatient resources including at a minimum:
  - 1. Eight (8) licensed pediatric beds (exclusive of licensed intensive care neonatal nursery)
  - ~~2. A NICU or a PICU~~
  - 2. Community neonatal intensive care unit (NICU) or as an intermediate NICU if it meets the following requirements, as per:
    - a. Article 6, Section 70545 et seq., for the provision of perinatal services and licensed by DHS, Licensing and Certification Division as a perinatal service;
    - b. Article 6, Section 70481 et seq., for the provision of neonatal intensive care services and licensed by DHS, Licensing and Certification Division as an Intensive Care Newborn Nursery (ICNN)
- C. If the hospital has a PICU then it shall be licensed by DHS, Licensing and certification Division for intensive care services, and meet the requirements for the provision of intensive care services pursuant to CCR Title 22, Division 5, Chapter 1, Article 6, Section 70491 et seq.
- D. Include ED services with physician staff who are qualified emergency specialists.
- E. Have a department of pediatrics within the medical staff structure.
- F. Establish formal written agreements with a minimum of one (1) ~~Level I~~ **Level II Comprehensive** PedRC as approved by the ~~Division Program~~, for education, consultation, and transfer of pediatric patients for stabilization and post-stabilization care ensuring the highest level of care appropriate and available.
- G. Collaborate with ~~Level I~~ **Level II Comprehensive** PedRC for education in emergency care of pediatric patients and consultation including, but not limited to:
  - 1. Emergency care and stabilization
  - 2. Transfer
  - 3. Transport
- H. Accept patients from Kern County who require specialized care not available at lower-level hospitals within the county through:



1. ~~Level II Advanced~~ PedRC shall accept any patient that meets “emergent medical pediatric” criteria (see section X.A. for description) for inter-emergency department transfer originating within the county
  2. Prearranged transfer agreements for pediatric patients needing specialized care not available at the ~~Level I Comprehensive~~ PedRC (such as trauma centers, burn centers, spinal cord injury centers, rehabilitation facilities)
  - ~~3. EMSA # 183: Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guidelines can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa183.pdf>~~
  - ~~4. EMSA #186: Model Pediatric Interfacility Transfer Agreement can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa186.pdf>~~
- I. All Advanced PedRCs shall meet the following personnel requirements:
1. Have a physician and nurse Pediatric Emergency Care Coordinator (PECC).
  2. Respiratory care service in the pediatric service department and emergency department provided by respiratory care practitioners (RCPs) who are licensed in the state of California and who have completed formal training in pediatric respiratory care which includes clinical experience in the care of children.
  3. Social work services in the pediatric service department provided by a medical social worker (MSW) holding a master’s degree in social work who has expertise in the psychosocial issues affecting the families of seriously ill infants, children, and adolescents.
  4. Behavioral health specialists with pediatric experience to include, but not be limited to, psychiatrists, psychologists, and nurses.
  5. The following specialties shall be on-call, and available for consultation to the ED or NICU within 30 minutes by telephone and in-person within one hour:
    - a. Neonatologist.
    - b. General Surgeon with pediatric experience.
    - c. Anesthesiologist with pediatric experience.
    - d. Pediatric Cardiologist.
  6. The following specialties shall be on-call, and available to the NICU or ED either in-person, by phone, or by telehealth, within 30 minutes:
    - a. Radiologist with pediatric experience.
    - b. Otolaryngologist with pediatric experience.
    - c. Orthopedist with pediatric experience.

7. The following qualified specialists shall be available twenty-four (24) hours a day, 7 days a week, for consultation which may be met through a transfer agreement or telehealth:
  - a. Pediatric Gastroenterologist.
  - b. Pediatric Hematologist/Oncologist.
  - c. Pediatric Infectious Disease.
  - d. Pediatric Nephrologist.
  - e. Pediatric Neurologist.
  - f. Pediatric Surgeon.
  - g. Cardiac Surgeon with pediatric experience.
  - h. Neurosurgeon with pediatric experience.
  - i. Obstetrics/gynecologist with pediatric experience.
  - j. Pulmonologist with pediatric experience.
  - k. Pediatric Endocrinologist.

#### VIII. **LEVEL III GENERAL PEDIATRIC RECEIVING CENTER REQUIREMENTS:**

A hospital with basic emergency services staffed with a qualified specialist twenty-four hours a day, seven days a week (24/7), which may have limited inpatient services. The **Level III General** PedRC is a general community hospital that has adult in-patient specialty care and has no dedicated inpatient pediatric services; however diagnostic, operative, therapeutic services and equipment, and selected pediatric physician specialists are available for consultation.

In addition to the requirements in section V of this policy, a **Level III General** PedRC shall:

- A. Establish formal agreements with a minimum of one **Level I Comprehensive** PedRC as approved by the **Division Program**, for education, consultation, and transfer of pediatric patients.
- B. Collaborate with **Level I Comprehensive** and/or **Level II Advanced** PedRC for:
  1. Education in emergency care of pediatric patients
  2. Consultation regarding
    - a. Emergency care and stabilization
    - b. Transfer
    - c. Transport

C. Develop written agreements with ~~Level I Comprehensive~~ and/or ~~Level II Advanced~~ PedRCs to transfer pediatric patients for stabilization and post-stabilization care ensuring the highest level of care appropriate and available.

D. Develop transfer agreements for pediatric patients needing specialized care (such as trauma center, burn center, spinal cord injury center, rehabilitation facilities).

~~1. EMSA # 183: Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guidelines can be found at~~

~~<http://www.emsa.ca.gov/pubs/pdf/emsa183.pdf>~~

~~2. EMSA #186: Model Pediatric Interfacility Transfer Agreement can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa186.pdf>~~

#### IX. ~~LEVEL IV BASIC~~ PEDIATRIC RECEIVING CENTER REQUIREMENTS:

A small and/or rural hospital, as defined by state rural criteria, with limited or no inpatient care capability and limited physician specialists available for consultation.

ED services may include physician staffing twenty-four hours and day, seven days a week (24/7), or a physician available for consultation (e.g. stand-by or critical access hospital).

In addition to the requirements in Section V. of this policy a ~~Level IV Basic~~ PedRC shall:

A. Establish formal agreements with a minimum of one (1) ~~Level I Comprehensive~~ PedRC as approved by the ~~Division Program~~, for education, consultation, and transfer of pediatric patients.

B. Develop written agreements with ~~Level I Comprehensive~~ and/or ~~Level II Advanced~~ PedRCs to transfer all pediatrics for stabilization and post-stabilization care ensuring the highest level of care appropriate and available.

C. Collaborate with a ~~Level I Comprehensive~~ and/or ~~Level II Advanced~~ PedRC for:

1. Education in emergency care of pediatric patients

2. Consultation regarding:

a. Emergency care and stabilization

b. Transfer

c. Transport

D. Develop transfer agreements for pediatric patients needing specialized care (such as trauma centers, burn centers, spinal cord injury centers, rehabilitation facilities).

~~1. EMSA # 183: Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guidelines can be found at~~

~~<http://www.emsa.ca.gov/pubs/pdf/emsa183.pdf>~~

~~2. EMSA #186: Model Pediatric Interfacility Transfer Agreement can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa186.pdf>~~

E. At minimum, one licensed registered nurse or advanced care practitioner per shift in the emergency department shall have current completion of the American Heart Association Pediatric Advanced Life Support, Advanced Pediatric Life Support, completion of an Emergency Nursing Pediatric Course, or other equivalent pediatric emergency care nursing course, as determined by Emergency Medical Services Program (EMSP).

#### X. PREHOSPITAL DESTINATION DECISION:

Pre-hospital personnel shall transport pediatric patients to a pediatric receiving facility that is capable of providing the most appropriate care. Pediatric trauma patients shall be transported in accordance with Prehospital Trauma policies and procedures. Pediatric patients who meet extremis criteria shall be transported in accordance with Destination Decision policies and procedures. The following criteria apply to medical non-extremis pediatric patients only:

A. Emergent Medical Pediatric: Patients that are **under the age of** fourteen (14) years **and younger** with an emergent medical complaint shall be transported to a **Level I Comprehensive** or **Level II Advanced** PedRC if ground transport time is thirty (30) minutes or less. Ground transport times that are greater than thirty (30) minutes may be transported to the closest, most appropriate receiving hospital. The use of air ambulance transport shall be in accordance with *EMS Aircraft Dispatch-Response-Utilization Policies*. Emergent medical complaints are defined as:

1. Cardiac dysrhythmia
2. Evidence of poor perfusion
3. Severe respiratory distress
4. Cyanosis
5. Persistent altered mental status
6. Status epilepticus
7. Any apparent life-threatening event in less than one (1) year of age

- B. Non-Emergent Medical Pediatric: Patients that are **under the age of** fourteen (14) years **and younger** with a medical complaint who do not meet trauma, medical extremis or emergent medical criteria shall be transported to any level PedRC.
- C. Pre-hospital personnel may consider base contact with the highest level of PedRC available to assist in destination decision.

## XI. TRANSFER OF PEDIATRIC PATIENTS:

Each PedRC shall have an Interfacility Transfer Plan for pediatric patients. Patients may be transferred between and from PedRCs providing that:

- A. Interfacility transfer process that is streamlined to include rapid acceptance and transfer of pediatric patients with evaluation and communication with one or more of the following:
  - 1. A qualified pediatric specialist
  - 2. A qualified emergency medicine physician
  - 3. A pediatric intensivist
  - 4. A neonatologist
  - 5. A pediatric critical care fellow
  - 6. A neonatology fellow
- B. The process for transfers of pediatric patients between PedRCs shall be in accordance with Title 22 and EMTALA requirements.
- C. Any transfer which is determined by the ED physician of record, or pediatric inpatient service, medically prudent, and in accordance with **Division Program** interfacility transfer policies. **~~EMSA #186: Model Pediatric Interfacility Transfer Agreement can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa186.pdf>~~**
- ~~D.~~ The PedRC has written criteria for consultation and transfer of patients needing a higher level of care. **~~EMSA # 183: Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guidelines can be found at <http://www.emsa.ca.gov/pubs/pdf/emsa183.pdf>~~**
- E. Hospitals receiving pediatric emergency patients participate in EMSC and CQI activities for those pediatric emergency patients who have been transferred.

## XII. APPLICATION PROCESS FOR PEDIATRIC RECEIVING CENTER (PedRC):

- A. The following milestones outline the application process for a hospital to become designated as a Pediatric Receiving Center.
1. Submit letter of application to the **Division Program**, the letter shall:
    - a. Specify intent to obtain PedRC designation and level
    - b. Identify names and contact information, including email addresses, for key pediatric personnel: Emergency Department Medical Director, Pediatric Physician Coordinator, Pediatric Nursing Coordinator, and administrative contact
    - c. Identify the anticipated target date for PedRC designation
    - d. List supporting documents being submitted with the letter to fulfill the designation requirements
  2. Compile and submit to the **Division Program** all information and documents requested in Appendix B, Column 2, "Objective Measurement" of the *Pediatric Receiving Center Designation Self Evaluation Tool*.
  3. All application materials will be reviewed for completeness. Additional information may be requested, if needed. Upon determination that the application is complete, the applicant and the **Division Program** will work towards execution of the designation agreement.
  4. Pediatric Receiving Center Designation agreement will be presented to the Board of Supervisors for approval and formal designation.
- B. The process for re-designation will be the same as stated above. Re-designation of PedRCs shall be every three (3) years with the exception of the letter of intent. Re-designation materials must be submitted to the **Division Program** ninety (90) days in advance of the expiration date of the designation.

### **XIII. LOSS OF DESIGNATION:**

- A. Any designated PedRC which is unable to meet the following requirements shall be subject to termination or loss of PedRC designation:
1. Inability to maintain designation criteria as stated in this policy.
  2. Failure to comply with any policy, procedure, or regulation mandate by Local, State, or Federal Government.
- B. If the **Division Program** finds a PedRC to be deficient in meeting the above criteria, the **Division Program** will issue the PedRC a written notice, return receipt requested, setting forth with reasonable specificity the nature of the apparent deficiency.

- C. Within ten (10) calendar days of receipt of such notice, the PedRC must deliver to the **Division Program**, in writing, a plan to cure the deficiency, or a statement of reasons why the PedRC disagrees with the Division notice.
- D. The PedRC shall cure the deficiency within thirty (30) calendar days of receipt of notice of violation.
- E. If the PedRC fails to cure the deficiency within the allowed period or disputes the validity of the alleged deficiency, the issue will be brought to the Emergency Medical Care Advisory Board (EMCAB) for adjudication. EMCAB may make a recommendation to the **Division Program** for resolving the issue.

Revision Log:

01/10/13: Creation of Policy  
10/25/13: Comments received. Policy amended.  
01/07/14: Comments received. Policy amended.  
03/04/14: Comments received via Pediatric Designation meeting. Policy amended with agreement from all in attendance.  
05/08/14: EMCAB Approval- Implementation Date set 05/09/2014  
08/14/15: EMCAB Approval- Remove requirement for transfer agreements for Level I&II, add acceptance of patients meeting emergent medical criteria.  
11/11/2016 EMCAB Approval- Addition of PAC as Appendix C.  
9/18/19: Changed "Division" to "Program." Updated policy to reflect EMSA Tittle 22, Chapter 14. Removed links to EMSA Policies that were removed once Chapter 14 was published.



## APPENDIX A: PEDIATRIC RECEIVING CENTER DATA ELEMENTS

At a minimum, each PedRC shall collect and submit the following mandatory data elements to the **Division Program** on a quarterly basis.

Baseline Data	Cause of Illness or Injury
Arrival time/date to ED	Discharge or transfer diagnosis
Date of Birth	External Cause of Injury (E Codes)
Gender	Injury location
Ethnicity	Disposition
Mode of Arrival	Principal Procedures
<b>Primary Impression</b>	Other Procedures
	Discharge or transfer time and date from ED
	Admitting facility name
	Residence Zip Code

## **APPENDIX B: PEDIATRIC RECEIVING CENTER DESIGNATION SELF-EVALUATION TOOL**

The Following pages need completion by applicant for Pediatric Receiving Center designation and re-designation (every three (3) years). “Pediatric Designation Contract Standard” and “Objective Measurement” refers to all standards required. The “PedRC Level” section is what level of PedRC requires the standard of the preceding section, circle “Yes” or “No” as applicable. A completed copy of the Pediatric Receiving Center Designation Criteria Application and Evaluation Tool and copies of any agreements and licensing that are requested are to be placed in the front of the application binder.

## Pediatric Receiving Center Designation Self Evaluation Tool

Pediatric Designation Contract Standard	Objective Measurement	PedRC Level	Meets Standard	Comments
<b>GENERAL PROVISIONS</b>				
Current license as a general acute care hospital	Copy of license	† C ‡ A ≡ G † B	Y    N	Required for designation
Permit for basic emergency services in Kern County (rural standby emergency services)	Copy of permit	† C ‡ A ≡ G † B	Y    N	Required for designation
Current designation as a Paramedic base station in Kern County	Hospital Contracts	† C ‡ A	Y    N	Required for designation
Participation in Pediatric Advisory Committee	Provide name, position for person designated to attend	† C ‡ A ≡ G † B	Y    N	Required for designation
Approved pre-hospital continuing education provider	Copy of schedule of courses available for prehospital personnel  Copy of CE certificate to be issued for continuing education courses with all required information	† C ‡ A ≡ G † B	Y    N	Required for designation
Alignment with <del>Level I</del> Comprehensive PedRC  Alignment for outreach and education.	Provide evidence of alignment or copy of contract with <del>Level I</del> Comprehensive	‡ A ≡ G † B	Y    N	Required for designation
Community Education Participation	Provide evidence of community education program relating to pediatric illness and injury prevention efforts	† C ‡ A ≡ G † B	Y    N	Required for designation
<b>PEDIATRIC RECEIVING CENTER REQUIREMENTS</b>				

California Children Service approved at appropriate level	Documentation on file at CCS	† C # A	Y	N	Required for designation
Continuous availability of PedRC resources 24 hours a day 7 days a week 365 days a year.	On-Call Schedules for 3 months. On-Call Policy/Procedure	† C # A	Y	N	Required for designation
Pediatric in-patient services	Verification of appropriate number of licensed pediatric beds	† C # A	Y	N	Required for designation
Separate Department of Pediatrics within the medical staff structure	Verification of a Department of Pediatrics	† C # A	Y	N	Required for designation
Neonatal Intensive Care Unit <del>and/or Pediatric Intensive Care Unit</del>	Verification of a NICU <del>and/or PICU</del>	† C # A	Y	N	Required for designation. <del>Level II at a minimum must have one.</del> Advanced must have NICU, PICU is optional
CQI Program to include structure, process, and outcome evaluations	Written quality improvement plan or program description.  <input type="checkbox"/> Integrate ED, Pre-hospital, trauma, inpatient, critical care <input type="checkbox"/> Integrate findings into education and clinical competency evaluation for staff	† C # A # G # B	Y	N	CQI plan or policy only required for initial designation Ongoing expectation  Data Collection and Management based on Pediatric EMS data elements
CQI Program Pediatric Indicators	Review protocol/program description to deal with:  <input type="checkbox"/> Deaths <input type="checkbox"/> Transfers <input type="checkbox"/> Child Maltreatment Cases <input type="checkbox"/> Cardiopulmonary/Respiratory Arrest <input type="checkbox"/> Trauma Admission	† C # A # G # B	Y	N	Policy and procedure or program description only required for initial designation Ongoing expectation

	<input type="checkbox"/> Operating Room Admissions <input type="checkbox"/> ICU Admissions <input type="checkbox"/> Selected Return Visits to the ED <input type="checkbox"/> Patient Safety including adverse events				
Pediatric Emergency Care Policies, Procedures, or Protocols	Review policies/procedures/protocols <input type="checkbox"/> Illness and injury triage <input type="checkbox"/> Pediatric assessment <input type="checkbox"/> Physical and chemical restraint <input type="checkbox"/> Child maltreatment <input type="checkbox"/> Consent <input type="checkbox"/> Death of a child <input type="checkbox"/> Procedural sedation <input type="checkbox"/> Immunization status and delivery <input type="checkbox"/> Mental health emergencies <input type="checkbox"/> Family centered care <input type="checkbox"/> Communication with primary care provider of patient <input type="checkbox"/> Pain assessment and treatment <input type="checkbox"/> Disaster Preparedness Plan for Pediatrics	† C # A ## G IV B	Y	N	Required for designation
Medication Safety policy, procedure or protocol	Review policies/procedures/protocols for medication safety to address the following: <input type="checkbox"/> Kilogram only scale	† C # A ## G IV B	Y	N	Required for designation

	<input type="checkbox"/> A Process to solicit feedback from staff including medication errors <input type="checkbox"/> Involvement of families in the medication safety <input type="checkbox"/> Orders that are clear and unambiguous <input type="checkbox"/> Mental health and behavioral emergencies including drug and alcohol abuse				
Participation in Kern County EMS data collection	Document agreeing to provide data elements deemed mandatory by Kern County EMS <del>Division Program</del>	↑ C # A ≡ G ∨ B	Y	N	Name and contact information of responsible personnel required for designation
Written Guidelines for patients, parents/guardians of patients to provide input and feedback regarding care of the patient	Guidelines for Patients, Review documentation of guideline or feedback policy	↑ C # A ≡ G ∨ B	Y	N	Designation Ongoing Expectation
<b>ED PERSONNEL REQUIREMENTS</b>					
ED Medical Director	Copy of medical license or contract	↑ C # A ≡ G ∨ B	Y	N	Required for designation
Physician Coordinator for pediatric emergency care  Responsibilities: Oversight of ED pediatric CQI process  Liaison with appropriate hospital-based pediatric care committees	Copy of current Board Certifications  Copy of Job description  Verification of competency in resuscitation of children of all ages  May be met by staff currently assigned	↑ C # A ≡ G ∨ B	Y	N	Required for designation

<p>Liaison with PedRCs, trauma centers, <del>Division Program</del>, base hospitals, pre-hospital care providers, community hospitals</p> <p>Participates in protocol development</p> <p>Facilitate pediatric emergency education for ED staff</p> <p>Coordinate with RN Coordinator to ensure pediatric disaster preparedness.</p>	<p>other roles in the department, and may be shared between ED</p>			
<p>RN Coordinator for pediatric emergency care</p> <p>Responsibilities: Coordinate with pediatric Physician Coordinator for CQI</p> <p>Facilitate ED nursing continuing education and competency evaluations in pediatrics</p> <p>Liaison with ped critical care centers, trauma centers, <del>Division Program</del>, base hospitals, pre-hospital care providers, community hospitals</p> <p>Liaison with appropriate hospital-</p>	<p>Copy of RN License</p> <p>Evidence of experience in pediatrics or emergency nursing</p> <p>Verification of competency in resuscitation of children of all ages</p> <p>Copy of Job description</p> <p>May be met by staff currently assigned other roles in the department, and may be shared between ED</p>	<p>† C ‡ A ‡ G ‡ B</p>	<p>Y    N</p>	<p>Required for designation</p>

<p>based pediatric care committees</p> <p>Coordinate with Physician Coordinator in ensure pediatric disaster preparedness</p>					
<p>Emergency Department Staffing:</p> <p>Physicians</p>	<p>Copy of current Board Certifications</p> <p>Verification of competency in resuscitation of children of all ages</p> <p>Evidence of ED physician coverage by at a minimum one physician with appropriate qualifications for 3 months</p>	<p>† C</p> <p>‡ A</p> <p>‡ G</p> <p>‡ B</p>	Y	N	<p>Required for designation</p> <p>Ongoing expectation</p>
<p>Emergency Department Staffing:</p> <p>Registered Nurses</p>	<p>Evidence of at least one ED RN per shift with qualifications for 3 months</p> <p>Copy of RN license</p> <p>Copy of course completion/card with current PALS, APLS, ENPC, or equivalent</p>	<p>† C</p> <p>‡ A</p> <p>‡ G</p> <p>‡ B</p>	Y	N	<p>Required for designation</p> <p>Ongoing expectation</p>
<p>Emergency Department Staffing:</p> <p>Midlevel practitioners if regularly assigned to ED and who care for pediatric patients</p>	<p>Copy of license</p> <p>Verification of competency in resuscitation of children of all ages</p>	<p>† C</p> <p>‡ A</p> <p>‡ G</p> <p>‡ B</p>	Y	N	<p>Required for designation</p> <p>Ongoing expectation</p>



<p>Qualified pediatric specialist</p> <ul style="list-style-type: none"> <li>-Neonatologist.</li> <li>-General Surgeon with pediatric experience.</li> <li>-Anesthesiologist with pediatric experience.</li> <li>-Pediatric Cardiologist.</li> </ul> <p>Available on-call, and available for consultation to the ED or NICU within 30 minutes by telephone and in-person within one hour.</p>	<p>Copy of Board Certifications</p> <p>Verification of process, policy, procedure, job description or work schedule for 3 months</p>	<p>C A</p>	<p>Y</p>	<p>N</p>	<p>Required for designation</p> <p>Ongoing expectation</p>
<p>Qualified pediatric specialist</p> <p>Available for in-house consultation, or telemedicine, or transfer process</p>	<p>Copy of Board Certifications</p> <p>Verification of process, policy, procedure, job description or work schedule for 3 months</p>	<p>† C # A ≡ G ∨ B</p>	<p>Y</p>	<p>N</p>	<p>Required for designation</p> <p>Ongoing expectation</p>
<p>Pediatric qualified subspecialist (as a minimum pediatric Intensivist)</p> <p>Available for in-house consultation, or telemedicine and transfer process</p>	<p>Copy of Board Certifications</p> <p>Verification of process, policy, procedure, job description or work schedule for 3 months</p>	<p>† C # A ≡ G ∨ B</p>	<p>Y</p>	<p>N</p>	<p>Required for designation</p> <p>Ongoing expectation</p>
<p>Support Services:</p> <ul style="list-style-type: none"> <li>a. Respiratory Care</li> <li>b. Laboratory</li> <li>c. Radiology</li> <li>d. Pharmacy</li> </ul>	<p>Evidence of availability of services with qualified staff</p>	<p>† C # A ≡ G ∨ B</p>	<p>Y</p>	<p>N</p>	<p>Required for designation</p>
<b>ED SUPPLIES AND EQUIPMENT</b>					
<p>Pediatric General Supplies and Equipment (easily accessible and labeled)</p>	<p><input type="checkbox"/> Pediatric chart; length-based resuscitation tape, medical software, or</p>	<p>† C # A ≡ G ∨ B</p>	<p>Y</p>	<p>N</p>	<p>Required for designation</p>

	<p>other system equivalent</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Portable resuscitation supplies “Crash Cart”</li> <li><input type="checkbox"/> Patient and fluid warming device</li> <li><input type="checkbox"/> Patient restraint</li> <li><input type="checkbox"/> Kilogram only scale</li> <li><input type="checkbox"/> Pain scale appropriate for children</li> </ul> <p>Pediatric size monitoring equipment:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood pressure cuff</li> <li><input type="checkbox"/> Doppler Device</li> <li><input type="checkbox"/> Electrocardiography Monitor/Defibrillator</li> <li><input type="checkbox"/> Hypothermia thermometer</li> <li><input type="checkbox"/> Pulse Oximeter</li> <li><input type="checkbox"/> End Tidal CO2 monitoring device</li> </ul> <p>Fracture management:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Splints</li> <li><input type="checkbox"/> Traction splints</li> <li><input type="checkbox"/> Spinal stabilization devices</li> </ul> <p>Specialized Pediatric Trays/Kits:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lumbar puncture <ul style="list-style-type: none"> <li><input type="checkbox"/> Infant</li> <li><input type="checkbox"/> Child</li> </ul> </li> <li><input type="checkbox"/> Difficult airway <ul style="list-style-type: none"> <li><input type="checkbox"/> Supraglottic</li> <li><input type="checkbox"/> Needle/Surgical Cricothyrotomy</li> </ul> </li> <li><input type="checkbox"/> Tube thorachostomy tray <ul style="list-style-type: none"> <li><input type="checkbox"/> 12-36F</li> </ul> </li> </ul>			
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	<input type="checkbox"/> Newborn Delivery Kit <input type="checkbox"/> Newborn Resuscitation equipment <input type="checkbox"/> Umbilical clamp <input type="checkbox"/> Scissors <input type="checkbox"/> Bulb syringe <input type="checkbox"/> towel <input type="checkbox"/> Urinary Catheterization <input type="checkbox"/> 6F-22F				
Respiratory Equipment and Supplies	<input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Non-Rebreather Mask <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Simple Mask <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Nebulizer Mask <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Bag-Mask Device with appropriate size mask <input type="checkbox"/> Neonatal <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Endotracheal Tubes <input type="checkbox"/> Uncuffed/cuffed 2.5mm-5.5 mm <input type="checkbox"/> Cuffed 6.0mm-8.0 mm <input type="checkbox"/> Stylets for ET Tubes <input type="checkbox"/> Pediatric <input type="checkbox"/> Oropharyngeal Airways <input type="checkbox"/> Size 0-5 <input type="checkbox"/> Nasopharyngeal Airway	+ C # A # G # B	Y	N	Required for designation

	<input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Laryngoscope Blades <input type="checkbox"/> Straight 0-3 <input type="checkbox"/> Curved 2-3 <input type="checkbox"/> Laryngoscope handle <input type="checkbox"/> Magill Forceps <input type="checkbox"/> Pediatric <input type="checkbox"/> Suction Catheter <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Yankauer Suction Tip <input type="checkbox"/> Tracheostomy Tubes (0-6) <input type="checkbox"/> Neonatal <input type="checkbox"/> pediatric <input type="checkbox"/> Nasogastric Tubes <input type="checkbox"/> Infant 8F <input type="checkbox"/> Child 10F <input type="checkbox"/> Laryngeal Mask Airway <input type="checkbox"/> Size 1-5 <input type="checkbox"/> Feeding tubes <input type="checkbox"/> 5F <input type="checkbox"/> 8F				
Intravenous Equipment and Supplies	<input type="checkbox"/> Arm Boards <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Catheter-Over-Needle <input type="checkbox"/> 14-24 gauge <input type="checkbox"/> Intraosseous Needles/Devices <input type="checkbox"/> Pediatric <input type="checkbox"/> Umbilical Vein Catheter <input type="checkbox"/> Central Venous Catheter <input type="checkbox"/> 4.0-7.0F double lumen	+ C # A ## G IV B	Y	N	Required for designation

	<input type="checkbox"/> Intravenous solutions <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal Saline</li> <li><input type="checkbox"/> Dextrose 5% in Normal Saline</li> <li><input type="checkbox"/> Dextrose 10% in water</li> </ul> <input type="checkbox"/> Fluid warmer <input type="checkbox"/> IV administration sets with calibrated chambers and extension tubing <input type="checkbox"/> Infusion devices with ability to regulate rate and volume of infusion.			
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**MEDICATIONS**

Medications (easily accessible and labeled)	Medications Requirements: <ul style="list-style-type: none"> <li><input type="checkbox"/> Alprostadil (PGE1)</li> <li><input type="checkbox"/> Albumin</li> <li><input type="checkbox"/> Albuterol</li> <li><input type="checkbox"/> Atropine</li> <li><input type="checkbox"/> Adenosine</li> <li><input type="checkbox"/> Amiodarone</li> <li><input type="checkbox"/> Antiemetic</li> <li><input type="checkbox"/> Calcium Chloride 10%</li> <li><input type="checkbox"/> Dexamethasone</li> <li><input type="checkbox"/> Dextrose (D<sub>10</sub>W, D<sub>25</sub>W, D<sub>50</sub>W)</li> <li><input type="checkbox"/> Diphenhydramine</li> <li><input type="checkbox"/> Dobutamine</li> <li><input type="checkbox"/> Dopamine</li> <li><input type="checkbox"/> Epinephrine (1:1000; 1:10,000 Solution)</li> <li><input type="checkbox"/> Furosemide</li> <li><input type="checkbox"/> Hydrocortisone</li> <li><input type="checkbox"/> Ipratropium bromide</li> <li><input type="checkbox"/> Lidocaine</li> <li><input type="checkbox"/> Magnesium Sulfate</li> <li><input type="checkbox"/> Methylprednisone</li> <li><input type="checkbox"/> Milrinone</li> </ul>	† C ‡ A ‡ G ‡ B	Y	N	Required for designation  Approved Medications by The American Heart Association Pediatric Advanced Life Support
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	<input type="checkbox"/> Naloxone Hydrochloride <input type="checkbox"/> Nitroglycerin <input type="checkbox"/> Norepinephrine <input type="checkbox"/> Oxygen <input type="checkbox"/> Procainamide <input type="checkbox"/> Sodium Bicarbonate (4.2%, 8.4%) <input type="checkbox"/> Sodium nitroprusside <input type="checkbox"/> Terbutaline <input type="checkbox"/> Topical, Oral, and Parenteral Analgesics <input type="checkbox"/> Antimicrobial Agents (Parenteral and Oral) <input type="checkbox"/> Anticonvulsants Medications <input type="checkbox"/> Antidotes should be accessible to the ED <input type="checkbox"/> Antipyretic drugs <input type="checkbox"/> Bronchodilators <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Inotropic Agents <input type="checkbox"/> Neuromuscular Blockers <input type="checkbox"/> Sedatives <input type="checkbox"/> Vaccines <input type="checkbox"/> Vasopressors			
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**TRANSFER INFORMATION**

Accept in county "emergent medical pediatric" criteria for inter emergency department transfer	Statement verifying acknowledgement	† C ‡ A	Y	N	Required for designation Shall accept patients meeting "emergent medical pediatric criteria"
Inter-Facility Transfer Guidelines or Cooperative Arrangement	Description of current cooperative practice or copy of supporting policies, procedures or guidelines. List all hospitals collaborating with and for what type services	† C ‡ A ‡ G † B	Y	N	Required for designation List of facilities and description of cooperative arrangements (PedRC's and Non Pediatric Receiving centers)

<p>Copy of transfer agreement: Trauma, spinal cord injury, rehabilitation, or burn patient</p>	<p>Plan, Policy, Procedure with estimated travel time</p>	<p>† C ‡ A ‡ G † B</p>	<p>Y      N</p>	<p>Required for designation. Hospitals without trauma or burn unit. Written guidelines or description of current processes for rapid transfer of patients requiring additional care. Including elective or emergency Trauma and/or Burns.</p>
<p>Copy of written transfer agreements with higher level PedRC and <del>Level I Comprehensive</del> PedRC</p>	<p>Transfer policies and procedures.</p>	<p>‡ A ‡ G † B</p>	<p>Y      N</p>	<p>Required for stabilization and post-stabilization</p>

## Appendix C- Pediatric Advisory Committee (PAC)

- A. The ~~Division~~ Program shall be responsible to maintain policy compliance within the EMS system, and reserves the right to revise or modify this policy when necessary to protect public health and safety.
- B. Pediatric Advisory Committee (PAC) is an ad hoc subcommittee of the EMS System Collaborative.
- C. Pediatric Advisory Committee (PAC) shall be established to review certain potential problem cases and system trends identified through the submission of data (as described in the (*Pediatric Receiving Center Designation Policy*)).
  1. The Committee shall be composed of the following members:
    - a. Pediatric Emergency Care Coordinator
    - b. EMS ~~Division~~ Program Coordinator
    - c. Pediatric Program Director
    - d. Emergency Dept. MICN
    - e. EMS Dept. Medical Director
    - f. School Representative/ Consumer Representative
    - g. Community Based Pediatrician and Pediatric Intensivist
    - h. Metro Hospital Emergency Department Representative
    - i. Rural Hospital Emergency Department Representative
    - j. Rural Paramedic Representative
    - k. Metro Paramedic Representative
    - l. Air Ambulance/Critical Care Transport Representative
    - m. Communications Center Representative Ad Hoc
    - n. Law Enforcement Representative
    - o. Child Protective Services Representative



- p. Fire Department Representative
  - q. California Children's Services Representative Ad Hoc
  - r. Social Services Representative
  - s. Respiratory Therapist Ad Hoc
2. This Committee shall respond to the EMS Medical Director and EMCAB's inquiries and requests.
  3. The Committee shall consider and monitor identified issues and advise the Director on policy level recommendations and systemic or process issues as follows:
    - a. Create and monitor quality core measures
    - b. Conduct evidence-based studies relevant to the unique needs and trends of pediatric care county wide.
      - i. The Committee will be responsible for establishing the criteria for cases to be brought to the committee.
      - ii. Each case reviewed by the committee will have a finding of appropriateness of care rendered and will, where appropriate, make recommendations for change.
    - c. Recommend revisions to policies and procedures based on study findings
    - d. Additional review of transfers or major complicated Pediatric patients as requested by a Pediatric receiving center.
    - e. Organize and administer pediatric specific programs as needed.
    - f. Review all cases of prehospital pediatric cardiac arrest.
  4. Meetings will be conducted in accordance with §1040, §1157.5, and 1157.7 of the California Evidence Code, and the California Business and Professions Code 805, 809 and be compliant with HIPAA and HCFA requirements.
  5. All members and invitees of the Committee will be required to maintain confidentiality of patient specific information.

- D. All pediatric organizational providers will submit to the **Division Program** the required documentation, as specified by the **Division Program**, to verify ongoing compliance with pediatric triage, treatment, and transport protocols.
- E. The **Division Program**, in conjunction with organizational providers, will collect data on a regular basis for system evaluation and continued quality improvement.
- F. Any deviations, specific problems, or deficiencies from policies, procedures and protocols shall be documented.
  - 1. This information will be subject to review by the **Division Program** and/or the Pediatric Advisory Committee (PAC).

## X. New Business

### h. Request for Hearing

## EMS Division Staff Report for EMCAB- August 13, 2020

### **Request for Hearing**

On July 20<sup>th</sup>, 2020, Hall Ambulance Service Inc., requested EMCAB hear an appeal of a decision made by the EMS Program/Medical Director to withdraw the use of a specific piece of equipment from field use. Attached is the official appeal request along with the bylaws outlining the EMCAB Hearing process.

The proposed dates for the Hearing are:

September 7<sup>th</sup>, 9<sup>th</sup>, 17<sup>th</sup>, or 18<sup>th</sup> with a proposed starting time of 10am.

IT IS RECOMMENDED, the Board approve a hearing date to hear the appeal.



Emergency Medical Services Division  
Policies – Procedures – Protocols

***Emergency Medical Care Advisory Board  
(EMCAB) Bylaws***

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**ARTICLE I. NAME AND AUTHORITY**

An advisory board to be known as the "Kern County Emergency Medical Care Advisory Board (hereinafter, EMCAB) hereby is established pursuant to the provisions of section 1797.270 et seq. of the California Health and Safety Code, as successor to the powers, duties, property, and records of committees of similar name existing previously.

**ARTICLE II. DUTIES OF THE ADVISORY BOARD**

The Emergency Medical Care Advisory Board shall:

1. Perform statutory functions mandated to the emergency medical care committee (Health and Safety Code, Article 3, Section 1797.274 and 1797.276 et seq.);
  - a. At least annually, review the operations of each of the following.
    - i. Ambulance services operated within Kern County.
    - ii. Emergency medical care offered within Kern County, including programs for training large numbers of people in cardiopulmonary resuscitation and life-saving first-aid techniques.
    - iii. First aid practices in the County.
  - b. At least annually, report to the authority, and the local EMS agency its observations and recommendations relative to its review of the ambulance services, emergency medical care, and first aid practices, and programs for training people in cardiopulmonary resuscitation and lifesaving first aid techniques, and public participation in such programs in the County.
2. Review and evaluate County EMS services, facilities, and special problems;
3. Advise the Board of Supervisors and the local EMS Director as to any aspect of local EMS programs;
4. Review and make recommendations concerning the County EMS Plan;
5. Review and approve procedures used to ensure citizen and professional involvement in the planning process;
6. Establish and conduct an appeals process to examine and decide grievances related to both administrative and consumer issues;
7. Hear appeals from organizations and individuals as outlined in applicable policies. EMCAB may adjudicate the appeal in accordance with the process outlined in Article XI. Appeals Process, and render a recommendation to the Division for resolution of the issue.
8. Establish subcommittees as may be needed;
9. Perform as an advisory Board for the administration of EMS Fund; and
10. Perform other duties and services as may be reasonably expected to fall within the purview of the Emergency Medical Care Advisory Board.

**ARTICLE III. MEMBERSHIP - TERM OF OFFICE**

1. Composition:  
 EMCAB shall be composed of representatives from the organizations indicated below.  
 The voting membership of EMCAB shall consist of the following:
  - a. One (1) member representing Kern County Police Chief's Association.
  - b. One (1) member representing Kern County Fire Chief's Association.

- c. One (1) member representing Kern County Medical Society.
  - d. One (1) member representing Kern County Hospital Administrators.
  - e. One (1) member representing Kern County Ambulance Association.
  - f. One (1) member representing Kern County Board of Supervisors.
  - g. Medical Director of the Kern County EMS Department.
  - h. Two (2) consumer representatives:
    - i. One representing an Urban community.
    - ii. One representing a Rural community.
    - iii. Urban and Rural Consumer is defined as follows: Urban representative is a person who resides within the Greater-Bakersfield area as defined by the County of Kern and Bakersfield Fire Department's Joint Power Agreement (JPA) geographic area; Rural representative is a person who resides outside that JPA geographic area, but Within Kern County. Representatives of Urban and Rural Consumers primary professional area of employment should not be in the medical area and not have a conflict of interest with other position functions of EMCAB.
  - i. One (1) member representing City Selection Committee.
  - j. One (1) member representing Kern Mayors and City Managers Group.
2. Appointment of Members - Terms:  
Members of EMCAB shall be appointed by and serve at the pleasure of the Board of Supervisors. Alternate members may be designated by each organization having representation on EMCAB; however, in order to have voting privileges, an alternate nominated by an organization must be officially appointed as such by the Board of Supervisors after the vacancy in membership is properly noticed per the Maddy Act (Government Code Section 54970 et seq.).
3. Vacancies:  
Vacancies in membership shall be properly noticed (Maddy Act) and nominations to fill vacancies shall be submitted by the representative organization to the Board of Supervisors. Consumers wishing to be appointed shall complete an application, which can be found on the Board of Supervisor webpage, or request an application from the Clerk of the Board.
4. Staff Support:  
Regular staff support to EMCAB shall be provided through attendance at each meeting of at least one staff member from each of the following:
- a. The EMS Division.
  - b. The Office of County Counsel.
  - c. The County Administrative Office.

Support may be provided by additional staff from these departments or from other County departments as requested by EMCAB from time-to-time.

The EMS Division shall prepare the agenda for the meetings with the advice and consent of the Chairperson and shall distribute the agenda in a timely manner. The EMS Division shall maintain

minutes of EMCAB meetings and such other records and files of EMCAB activities as may be required.

#### **ARTICLE IV. ADMINISTRATION**

The Kern County Emergency Medical Services Division shall provide EMCAB with technical support as needed and will assist EMCAB in maintaining records of meetings, publishing interim reports, and preparation and publishing of the annual report of activities and recommendations as required.

#### **ARTICLE V. OFFICERS AND THEIR DUTIES**

1. Officers:

The officers of EMCAB shall be the Chairperson, and Vice- Chairperson.

2. Selection of Officers:

The Chairperson and Vice-Chairperson shall be selected in accordance with the provisions of Article IX.

3. Duties:

The Chairperson shall be the executive officer of EMCAB. The duties shall include presiding at all meetings, appointment of all subcommittees, presenting the report of EMCAB's activities and such other duties would reasonably fall to a Chairperson of a committee. The Vice-Chairperson shall assume all duties of the Chairperson in the event the Chairperson is absent, unable to act, or in the event of a vacancy in that Office.

#### **ARTICLE VI. MEETINGS**

1. Regular Meetings:

EMCAB regular meetings will be scheduled at least four times per year, normally on the second Thursday of the month. The day, time and place of all meetings shall be specified by the Chairperson.

2. Special Meetings:

Special meetings may be called by the Chairperson or by a majority of the membership provided written notice of such meetings and their agenda are delivered to the membership and the media at least twenty-four (24) hours prior to the commencement of the meeting. Notice of the meeting must also be posted at least twenty-four (24) hours prior to the meeting. The time and place of all special meetings shall be specified by the Chairperson.

3. Quorum:

The presence of a majority of EMCAB shall constitute a quorum for the transaction of business provided that one of those present is an officer of EMCAB.

4. Rules:

Meetings shall be conducted in accordance with "Robert's Rules of Order" Meetings shall also conform to the requirements of Chapter 9 (commencing with Section 54950, Part 1, Division 2, Title 5, of the California Government Code (Brown Act)).

5. Voting:



Each member present at a meeting shall have one (1) vote. Only officially designated Alternates (appointed by the Board of Supervisors) shall have voting privileges. Neither proxy voting nor cumulative voting shall be permitted.

6. Attendance:

Any member who is absent for three (3) consecutive regular meetings without cause may be recommended for replacement. The Chairperson may recommend to the Board of Supervisors that the member be replaced.

#### **ARTICLE VII. SUBCOMMITTEES**

The Chairperson may appoint subcommittees and/or ad hoc committees as needed to assist EMCAB in carrying out its purposes and duties. Individuals appointed to such ad hoc or subcommittees need not be members of EMCAB, but the Chairperson of such subcommittee or ad hoc committee must be a member of EMCAB.

#### **ARTICLE VIII. AGENDA**

1. General

- a. The agenda shall be prepared by the EMS Division.
- b. The agenda for each regular meeting shall reflect the order of business and shall include matters that come before EMCAB in the ordinary course of business or which are placed on the agenda by the direction of the Chairperson.
- c. Requests for special appearances before EMCAB or for consideration of matters that would not normally come before EMCAB in the ordinary course of business shall be considered and determined by the Chairperson.
- d. Agenda items may be considered in any order convenient for EMCAB and multiple agenda items may be considered together and as one.

2. Agenda Preparation and Schedule

- a. EMS Division requests for items to be placed on the agenda shall be filed with the Division Director.
- b. EMS Division agenda items requests shall be received by the Division Director no later than the Thursday, seven (7) days before the regularly scheduled meeting, by 5:00 p.m. and shall include all supporting documents and materials.
- c. Public requests for agenda items must be submitted in writing to the Division Director on, or before, 5:00 p.m. the Thursday, fourteen (14) days before the regularly scheduled meeting. Public agenda requests shall be forwarded for consideration by the Chairperson. The Division Director will notify the requestor of the disposition of the requested agenda item seven (7) days before the scheduled meeting.

#### **ARTICLE IX. ELECTION OF OFFICERS**

The Chairperson shall be the Board of Supervisor's representative to EMCAB, and the Vice-Chairperson will be elected at a meeting designated by the Chairperson, with notification to all members. Nominations of Vice-Chairperson shall be made by Board Members from the floor. Election of the Vice-Chairperson shall be by a majority vote of members present. The new officers shall assume their duties immediately following the vote.

## **ARTICLE X. AMENDMENTS TO BYLAWS OR BOARD RESOLUTIONS**

These Bylaws may be amended upon a two-thirds (2/3) majority vote of all voting members present at a regular or special meeting, subject to approval of the Kern County Board of Supervisors. Upon a two-thirds (2/3) majority vote of all voting members present at a regular or special meeting, EMCAB may present to the Board of Supervisors recommendations on matters before the Board affecting the Emergency Medical Care Advisory Board or these Bylaws.

## **ARTICLE XI. APPEALS PROCESS**

Organizations and individuals may request an appeal hearing from EMCAB on matters under EMCAB jurisdiction. Organizations and individuals may appeal decisions rendered by the EMS Division that are perceived as unjustified, excessive, or partial, as outlined in applicable policies.

### **1. Procedure for Hearing Appeals:**

- a. Appeals to EMCAB may be filed with the application located in Appendix A. The application for appeals form shall be submitted to the EMS Director. The Director shall forward the application to the EMCAB Chairperson along with all papers constituting the record of action upon which the appeal is based. If the appellant does not wish to submit an application for appeal the following information is required to be included with the notice:
  - i. Name of organization or individual, contact person if different from previous, address, phone number, and/or email of contact person
  - ii. Date of decision by EMS Division
  - iii. Description of decision by EMS Division
  - iv. Specific relief sought
  - v. Attachment of pertinent documents, including listing
  - vi. Signed notice of request for appeal.
- b. The application shall include all information requested on the form and any additional information or evidence as may be reasonably required for consideration of the matter.
- c. The completed application for appeal, as outlined above, shall be added to the EMCAB agenda for the next regularly scheduled or specialty meeting.
- d. The EMS Director shall notify all interested parties of the hearing and give notice including the time, date, and place of the meeting to anyone requesting such information.
- e. The application and all supporting documentation shall be included in the EMCAB agenda packet for distribution to members prior to the scheduled hearing.
- f. The applicant may appear on his or her own behalf at the hearing or may be represented by legal counsel or an agent.
- g. Both the applicant and the EMS Division may speak to the appeal and any person whose interests are affected may speak for or against the issue in the order outlined below:
  - i. The EMS Division will be asked to give report of the appeal, events preceding the appeal, presentation of evidence and recommended disposition.
  - ii. The appellant may provide testimony and presentation of evidence to EMCAB.

- iii. Any member of the public wishing to provide information for or against an appeal may address EMCAB. Public comments will be limited to 5 minutes each.
- iv. The appellant is given the opportunity for final rebuttal. Final rebuttal shall be limited to five minutes.
- h. The final decision of EMCAB shall be in the form of a recommendation to the EMS Division for resolution of the appeal. EMCAB may decide to continue the matter if additional information is required for decision.
- i. A motion for disposition is made, discussion of the motion is held and EMCAB takes action. Such motions shall include the receipt and filing of any documents offered as evidence during the hearing upon recognition by the Chairperson.
- j. The EMCAB members' role is to listen to the testimony and review the evidence presented by the parties in an appeal and to ultimately decide on a recommended outcome of the case.
- k. Questions by EMCAB members: EMCAB members may ask questions of the parties as the appeal proceedings progress. It is advisable for the Chairperson to control such questioning. The Chairperson may wish to elect a procedure to direct the flow of questioning.
- l. Raising Issues: The Chairperson, or any EMCAB member, has the ability in the course of a hearing, and to determine the issues which are, or are not, properly before EMCAB in an appeal. Issues which, if decided upon, may have the effect of dismissing an appeal without a hearing upon the substantive issues in an appeal, such as whether a party is a proper party to bring an appeal, whether the timeframes have been met for a proper appeal to exist, or whether the nature of the appeal is improper for other reasons, should be raised at the beginning of an appeal hearing if possible, and a decision should be made on any such issues raised prior to hearing the full appeal.
- m. Recusal: If a conflict of interest is perceived to exist, at the onset of an appeal hearing, should any EMCAB members determine their recusal is warranted due to conflict of interest, then that member should inform the Chairperson and state for the record that they will not be participating in the hearing or deliberations in the appeal. That EMCAB member will refrain from participation in discussions regarding an appeal, deliberations of the appeal, or voting on recommendations of outcomes for appeals. It may be advisable to discuss the issue with legal counsel to assure no components of conflict of interest are present. In the event an EMCAB member recuses him or herself from the proceedings and an alternate for the seat is available and a conflict of interest does not exist with the alternate member, then the alternate member may replace the primary EMCAB member for the appeal hearing process
- n. Records: A complete file on each appeal shall be kept by the EMS Division as part of the records of EMCAB.

**Appendix A. Application for Appeal to EMCAB**

I (we) of (Name of Facility) (Mailing Address) respectfully request the Emergency Medical Care Advisory Board review the decision made on (DATE) by the Emergency Medical Services Division.

Description of Decision Being Appealed:

Relief Sought:

Attach Pertinent Documents and list below:

Signature of Appellant:

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

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For EMCAB use only:

Appeal No.:

Date Received:

Date of Hearing:

Date of Notification Sent:

Action (Explain Below): \_\_\_\_\_ Decision \_\_\_\_\_ Continue \_\_\_\_\_ Dismissed

Final Disposition Date:

Final Recommendation from EMCAB:

Revision Log:

11/01/1988- Adopted  
03/12/1991- Revised  
09/29/1992- Revised  
01/05/1993- Revised  
02/02/1993- Revised  
03/16/1993- Revised  
03/25/1997- Revised  
06/16/2015- Revised